



National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Alexandria, Virginia 22314

Assessment #9

Forensic Patients in State Psychiatric Hospitals: 1999-2016

August 2017

Alexandria, Virginia

*Ninth in a Series of Ten Briefs Addressing: **What Is the Inpatient Bed
Need if You Have a Best Practice Continuum of Care?***

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Technical Writers

Amanda Wik, M.A.
Research Associate

Vera Hollen, M.A.
Senior Director of Research and Consulting

William H. Fisher, Ph.D.
Senior Consultant

NRI
3141 Fairview Park Drive, Falls Church, VA 22042

National Association of State Mental Health Program Directors

66 Canal Center Plaza, Suite 302, Alexandria, VA 22314
703-739-9333 FAX: 703-548-9517

www.nasmhpd.org

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Debra A. Pinals, M.D

Medical Director of Behavioral Health and Forensic Programs
Michigan Department of Health

W. Lawrence Fitch, J.D.

Adjunct Professor of Law, Francis King Carey School of Law, University of Maryland
Affiliated Faculty, Institute of Law, Psychiatry and Public Policy, University of Virginia
Schools of Law and Medicine
Reporter, Mental Health Criminal Justice Standards Project, American Bar Association

Katherine Warburton, D.O.

Medical Director/Deputy Director of Clinical Operations
California Department of State Hospitals

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Executive Summary

In recent years, some state reports have documented an increase in the number of forensic patients being admitted to state psychiatric hospitals for inpatient services. The purpose of this study was to investigate these reported trends and their prevalence nationwide, and to explore the factors driving the trends if they exist.

States that are experiencing dramatic pressures accommodating forensic patients describe operating at full capacity. These states have also reported that the population of individuals who have increased in numbers the most are those found incompetent to stand trial, who require competency evaluations and/or restoration services. The purpose of this paper is to investigate two key questions: Has the number of forensic patients present within state psychiatric hospitals grown since 1999? Is the proportion of forensic patients in state psychiatric hospitals growing?

While overall national trend lines show a 76 percent increase in the number of forensic patients in state hospitals from 1999 to 2014, the trend is not consistent across all states. A few states report little change in their inpatient forensic populations. For the many states experiencing increases, the rise is mostly due to the increase in patients deemed incompetent to stand trial. For reasons that are explored in this paper, this is a phenomenon particularly evident during the past decade.

The overall nature of the forensic population is complex. Forensic patients (e.g. not guilty by reason of insanity and civilly committed sex offenders) may remain hospitalized for long periods of time. The more beds that are occupied by these patients, the lower the state hospital's turnover rate, which means that there are fewer opportunities for the state hospital to admit new patients. Long periods of stay, low turnover rates, and an overall increase in the number of referrals for inpatient services from the courts have contributed to increasing waitlists in many states. Waitlists hinder the state's ability to admit patients to their state psychiatric hospitals in a timely manner. These waitlists can lead to states being threatened with or held in contempt of court when there are active orders to admit individuals to the hospitals.

The results from this study indicate that, over a little less than two decades, states have seen an increase in the number of forensic patients who are present in their state hospitals. In order to cope with the increasing number of forensic patients in the state psychiatric hospitals, as well as those awaiting admission, states have indicated they are implementing a variety of methods. These methods include (but are not limited to): building more beds, adapting the admission process, modifying prioritization of the waitlists, building community- or jail-based programs (e.g. outpatient competency restoration programs, jail-based restoration programs, residential treatment centers), and fostering relationships with other systems (e.g. strengthening the bonds and communication between behavioral healthcare workers and criminal justice agents).

Introduction

The Sixth Amendment of the U.S. Constitution guarantees defendants in criminal trials several trial-related rights pertaining to their defense. In 1960, the Supreme Court of the United States ruled in *Dusky v. U.S.* that a defendant must have “sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding” and a “rational as well as factual understanding of the proceedings against him.”¹ In the decades since, mental health professionals have been increasingly called upon by the courts to assess defendants’ competency to stand trial (referenced in this paper as “competency” or “competence”) and to otherwise participate in legal proceedings.

Although many states conduct these assessments on an outpatient basis (*i.e.*, while the defendant is detained in jail or elsewhere in the community), state statutes in several jurisdictions also stipulate that the assessments may be carried out on an inpatient basis (in some states, only after an outpatient assessment recommending admission for completion of the evaluation).^{2,3} When inpatient assessments occur, they are conducted by state mental health authorities (SMHA) in the SMHA’s own state psychiatric hospital.⁴ Patients residing at state hospitals that are deemed to belong to the “forensic” population” are normally committed to these hospitals by the criminal courts.^{5,6} Forensic patients who are admitted to state psychiatric hospitals for assessment and those who are committed for treatment or restoration services (described below) have become an important segment of the larger state psychiatric hospital population.

State statutes typically allow courts to order individuals found incompetent to stand trial for restoration services in an effort to help these patients regain their competency. Competency restoration occurs frequently in state psychiatric hospitals. The forensic population of state psychiatric hospitals is largely comprised of patients who have been

¹ *Dusky v. United States*, 362 U.S. 402 (1960).

² Fitch L.W., *Assessment #3: Forensic Mental Health Services in the United States: 2014*. Alexandria, VA: National Association of State Mental Health Program Directors (2014), <https://www.nasmhpd.org/sites/default/files/Assessment%203%20-%20Updated%20Forensic%20Mental%20Health%20Services.pdf>.

³ Miller R.D., Hospitalization of Criminal Defendants for Evaluation of Competence to Stand Trial or for Restoration of Competence: Clinical and Legal Issues. *Behavioral Sciences and the Law* 21: 369-391 (2003).

⁴ Parks J. & Radke A. (Eds.), *The Vital Role of State Psychiatric Hospitals*. Alexandria, VA: National Association of State Mental Health Program Directors (2014), <http://nasmhpd.org/content/vital-role-state-psychiatric-hospitals-july-2014-0>.

⁵ Fisher W.H., Geller J.L., Pandiani J.A., The Changing Role of the State Psychiatric Hospital. *Health Affairs* 28(3): 676-684 (2009).

⁶ Fitch (2014); Parks J. & Radke A. (2014).

deemed incompetent to stand trial (IST)⁷ and have been committed to a state psychiatric hospital.^{8,9}

Patients who are incompetent to stand trial are not the only types of forensic patients admitted to state psychiatric hospitals for psychiatric services. Patients can also be committed to state psychiatric hospitals for assessment and/or treatment if they are found to be “not guilty by reason of insanity (NGRI)”, or “guilty but mentally ill”. Individuals who are believed to be NGRI are typically assessed on an outpatient basis, though assessment can occur at the state psychiatric hospital.^{10,11} A successful NGRI defense needs to convince the court that the defendant is not responsible for his/her actions because the “mental disease or defect” prevented the defendant from understanding that what he/she did was a criminal action.^{12,13} Most states have an NGRI defense.¹⁴ States that do not have the NGRI defense allow for defendants to provide evidence that supports the idea that their disorder or defect diminished their capacity to understand that their actions were wrong, and in turn, negates the idea that the crime was committed with intent to inflict harm.¹⁵

The “guilty but mentally ill” (GBMI) verdict is used when a defendant, who had a mental illness at the time of the offense, did not meet standards for an insanity defense.¹⁶ Generally, these GBMI defendants are sentenced in the same manner as other guilty defendants.¹⁷ If these defendants require mental health treatment while serving their sentence, most states allow for them to be transferred to a psychiatric hospital (usually a state facility) for treatment.¹⁸ As a practical matter, GBMI cases are relatively rare, but they nonetheless contribute to the forensic population of some state hospitals.¹⁹

Still other classes of patients contribute to the forensic population. In some states, state hospitals accept admissions of jail and state prison inmates with psychiatric

⁷ In some states the term “incompetent to proceed” is used to refer to these patients.

⁸ Nobles J. & Randall J., *Evaluation Report: Mental Health Services in County Jails*, St. Paul, MN: Office of the Legislative Auditor (2016), <http://www.auditor.leg.state.mn.us/ped/pedrep/mhjails.pdf>.

⁹ *Texas State Government Effectiveness and Efficiency Report: Selected Issues and Recommendations*.

Austin, TX: Legislative Budget Board Staff (2013),

<http://www.lbb.state.tx.us/Documents/Publications/GEER/Government%20Effectiveness%20and%20Efficiency%20Report%202012.pdf>.

¹⁰ Warren J.I., Rosenfeld B., Fitch W.L. & Hawk G., Forensic Mental Health Clinical: An Analysis of Interstate and Intersystemic Differences, *Law & Human Behavior* 21(4): 377- 390 (1997).

¹¹ Fitch (2014).

¹² McGraw B. D., Farthing-Capowich, D., & Keilitz, I. (1985). The 'guilty but mentally ill' plea and verdict: current state of the knowledge. *Villanova Law Review*, 30(1): 117-192.

¹³ Fitch (2014); Warren, Rosenfeld, Fitch & Hawk (1997).

¹⁴ Fitch (2014).

¹⁵ *Ibid.*

¹⁶ Fitch (2014); McGraw, Farthing-Capowich & Keilitz (1985).

¹⁷ *Ibid.*

¹⁸ *Ibid.*

¹⁹ Fitch (2014).

symptomatology that cannot be managed in the correctional setting.^{20, 21} As with the other forensic patients (individuals undergoing competency evaluations, competency restoration patients, NGRI, and GBMI), these patients require a level of security that is not typically necessary in the management of patients who are voluntarily hospitalized or civilly committed.

The last group that may be seen in state psychiatric hospitals under the label of “forensic patient” (for the purposes of this report) are those who have been civilly committed (under special statutes, different from ordinary civil commitment statutes) as “sexually violent predators” or “sexually dangerous persons.” These individuals typically have completed their criminal sentences and are subsequently civilly committed for treatment of the issues that lead to their sex offending. In the 1997 landmark decision in *Kansas v. Hendricks*,²² the Supreme Court ruled constitutional Kansas procedures for the post-incarceration civil commitment of sex offenders found to be dangerous due to a mental abnormality or a personality disorder. Although states differ in the way they have implemented statutes in the aftermath of this decision, both statutorily and with respect to the settings in which committed patients are housed, persons committed under these statutes in many states contribute significantly to the growth of forensic populations.²³

Recently, concerns have arisen over the proportional increase of the state hospitals’ forensic populations, a process that has been referred to as the “forensification” of state hospitals.²⁴ However, with certain key exceptions,²⁵ there are few empirical studies that document this process, assess its scope, or identify what—if any—factors may be driving it on a large scale. The dearth of data in this area raises several questions that form the focus of this report. Among these are whether or not forensification is occurring on a national level and, if so, why it is occurring.

There are two ways in which such forensification might be manifesting itself. It may be occurring simply as a result of an increase in the number of persons committed to state hospitals under one of the forensic status categories described above—driven, perhaps, by increased reliance on these services by the courts. Or it may be the result of a decline in the number of persons admitted voluntarily or through civil involuntary commitment to a state psychiatric hospital, while the rate of referral of individuals by the criminal courts remains constant. Either trend, or their combination, would result in forensic populations having a larger presence within state hospitals.

In order to examine these theories on the reason for an increase in the percentage of beds that are forensic, as well as the absolute numbers of forensic patients, this report draws on data from a recent survey of state mental health authorities (SMHAs) conducted by the

²⁰ Torrey E.F., Zdanowicz M.T., Kennard A.D., Lamb H.R., Eslinger D.F., Biasotti M.C. & Fuller D.A., *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey*, Arlington, VA: Treatment Advocacy Center (2014), <http://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf>.

²¹ Steadman H. J., Monahan J., Hartstone E., Davis S.K., & Robbins P.C., Mentally Disordered Offenders: A National Survey of Patients and Facilities. *Law and Human Behavior* 6(1):31-38 (1982).

²² *Kansas v. Hendricks*, 521 U.S. 346 (1997).

²³ Fitch (2014).

²⁴ Fisher, Geller & Pandiani (2009).

²⁵ Fitch (2014).

National Association of State Mental Health Program Directors Research Institute (NRI, Inc.), as well as data maintained by the NRI. NRI's survey queried states regarding how they currently structure their systems to accommodate their legal obligations to serve the courts (e.g., whether state hospitals are their preferred settings for competency evaluations, or whether evaluations and treatment are carried out in other settings). Information was also obtained to examine whether (i) the increased presence of forensic patients in state psychiatric hospitals reflects an increase in the number of court-ordered patients or simply an increase in the proportion of patients present on a given census day, (ii) whether this increase is a nationwide trend or occurring in a just a few states, (iii) what types of forensic admissions are seen most frequently, and (iv) the extent to which states have been able to accommodate the increased demand for forensic services. (See Appendix for more details on Survey Development, Methodology, Analysis, and to view the Questionnaire).

Serving the needs of the courts and the larger justice system represents a unique function of state mental health systems. Unlike other services provided by state psychiatric hospitals, it is the courts, rather than the mental health system, that controls the admission and discharge of forensic patients. On the other hand, it is the SMHA's budget and resources and, at a more practical level, the state hospitals' bed supply, that must accommodate the court's demands.²⁶ How states are affected by this demand and how they may be responding to it form the focus of this report.

Overview

State reports have documented a rise in the number of forensic patients receiving inpatient services at state psychiatric hospitals over the past decade.^{27, 28, 29} Some states are experiencing such a dramatic increase in forensic patients (in particular defendants requiring trial competency evaluations or competency restoration services) that their state hospitals are operating at, or close to, maximum capacity.^{30, 31} The situation is made more complex by the fact that some forensic patients (e.g., not guilty by reason of insanity committees and civilly

State Mental Health Agencies serve persons with forensic involvement in both inpatient and outpatient settings. This paper focuses solely on inpatient services in state hospitals.

²⁶ Fisher et al. (2009).

²⁷ *Needs Analysis: Current Status, Strategic Positioning, and Future Planning*, Colorado Department of Human Services & National Association of State Mental Health Program Directors Research Institute, Falls Church, VA (2015), <https://www.nri-inc.org/media/1109/2015-colorado-department-of-human-service-behavioral-health-needs-analysis-nri.pdf>.

²⁸ *Cassie Cordell Trueblood, et al., v. Washington State Department of Social and Health Services, et al. Case No. C14-1178 MJP Monthly Report to the Court Appointed Monitor*, Washington State Department of Social and Health Services, Behavioral Health Administration, Olympia, WA (2017), <https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood/2017Trueblood/Trueblood-Report-2017-07.pdf>.

²⁹ Fitch (2014); Nobles & Randall (2016).

³⁰ *Initial Findings Report: Washington Mental Health System Assessment*, PCG Health (November 2016), <http://www.ofm.wa.gov/reports/MentalHealthSystemAssessmentInitialFindings.pdf>.

³¹ Colorado Department of Human Services (2015); Nobles & Randall (2016).

committed sex offenders) remain at state psychiatric hospitals for long periods of time.³² The increase in the forensic population, coupled with the fact that the length of stay of forensic patients tends to be longer than that of civil patients, has contributed, in some states, to long waitlists for admission.³³ Waitlists hinder the state's ability to admit both civil and forensic patients to their state psychiatric hospitals in a timely manner. These waitlists can also lead to states being held in contempt, or threatened with contempt, by courts ordering timely admission for forensic patients requiring inpatient services.^{34, 35, 36, 37, 38}

State Mental Health Agencies serve persons with forensic involvement in both inpatient and outpatient settings. This paper focuses solely on inpatient services in state hospitals. The purpose of this study was to examine data that further captures trends in the number of forensic patients receiving inpatient services in state psychiatric hospitals over the past 20 years. The data presented here is intended to assist states in determining how shifts within their state psychiatric hospitals' forensic population compares to the rest of the country.

The paper has been broken down into several sections:

Section 1 contains information on all adult forensic patients receiving inpatient services at state psychiatric hospitals. This information allows for analyses to be conducted that examine the overall trend in the number of forensic patients requiring inpatient services across the nation. Additionally, states can use these data to determine if there has been an overall increase in the number of forensic patients receiving inpatient services in their state psychiatric hospitals.

As noted in the introduction, not all forensic patients are admitted to state psychiatric hospitals for the same reasons. There are multiple forensic status categories within state psychiatric hospitals, and each forensic status can contribute to the overall trend in different ways. Since each forensic status is unique, each status was given its own section.

Section 2 looks at patients who are at state psychiatric hospitals for inpatient pre-trial evaluations. Pre-trial evaluations are conducted in order to determine a defendant's mental state. They can also include evaluations to assess a defendant's sanity at the time of the alleged offense or competency to stand trial, as well as other questions.³⁹ While the majority of pre-trial evaluations are conducted on an outpatient basis (*e.g.*, while the

³² Fitch (2014).

³³ Colorado Department of Human Services (2015); Fitch (2014); Nobles & Randall (2016); PCG Health (2016).

³⁴ *Cooper v. Kliebert*, NO.: 14-507-SDD-EWD, 2016 U.S. District Court Middle District of Louisiana (M.D. La. Jul. 18, 2016).

³⁵ *Disability Law Center et al v. State of Utah et al.*, No.2:2015cv00645-RJS, 2016 U.S. District Court of Utah (D. Utah. April 7, 2016).

³⁶ *Texas Outpatient Competency Restoration Program*, Hogg Foundation for Mental Health. (2015), Austin, TX, http://utw10282.utweb.utexas.edu/wp-content/uploads/2015/09/EvaluationReport_091815.pdf.

³⁷ *J.H. v. Dallas*, No. 1:15-cv-02057-SHR, 2017 U.S. District Court (M.D. Pa. May 11, 2017).

³⁸ Colorado Department of Human Services (2015); Fitch (2014); PCG Health (2016); Washington State Department of Social and Health Services (2017).

³⁹ Fitch (2014); Warren, Rosenfeld, Fitch & Hawk (1997).

person is in jail or in the community on bail), the court may order a defendant to a state psychiatric hospital.⁴⁰

Section 3 examines incompetent to stand trial (IST) patients. Patients receiving inpatient services within state psychiatric hospitals that fall under this forensic status have been admitted after being found by a court to be unable to understand the charges against them and/or unable to consult with their attorney to aid in their defense.⁴¹ These defendants are admitted for the purpose of undergoing treatment or receiving other services to regain their competency to stand trial. Patients who regain their competency while undergoing treatment at a state psychiatric hospital are, typically, returned to the court for adjudication.^{42, 43} In some instances the criminal charges against an IST patient may be dropped before he/she is returned to court or once he/she appears for adjudication.⁴⁴

The duration of time that an IST patient can be hospitalized for competency restoration services varies amongst states.^{45, 46} An evaluator assesses an IST patient receiving inpatient competency restoration services to determine if the patient is likely to be restored in the future.⁴⁷ If the evaluator believes that the patient is unlikely to be restored in the future, the court may or may not decide to dismiss the patient's charges.^{48, 49} In order to remain in the hospital, the patient must be retained under a different status (*e.g.*, civil commitment). If the patient is not retained under a different status then the patient must be released into the community.⁵⁰

Section 4 focuses on patients with either a not guilty by reason of insanity (NGRI) or guilty but mentally ill (GBMI) status. As stated in the introduction, individuals who are found to be NGRI are not criminally responsible for their actions. This means that the judge or jury found the defendant to not be blameworthy for his/her criminal action(s) as a result of his/her mental state at the time of the offense.⁵¹ On the other hand, GBMI patients have been found guilty of the crimes with which they were charged despite having a mental disorder.⁵² Patients who are admitted under a GBMI status are still required to serve their sentence, but are determined to require inpatient treatment while

⁴⁰ Fitch (2014); Miller (2003); Warren, Rosenfeld, Fitch & Hawk (1997).

⁴¹ Colorado Department of Human Services (2015); Fitch (2014), Miller (2003); Nobles & Randall (2016); Warren, Rosenfeld, Fitch, Hawk & (1997).

⁴² Pinals D.A., Where Two Roads Meet: Restoration of Competence to Stand Trial from a Clinical Perspective, *New England Journal on Criminal & Civil Confinement* 31(1); 81-108 (2005).

⁴³ Colorado Department of Human Services (2015); Fitch (2014); PCG Health (2016).

⁴⁴ Morris D.R. & DeYoung N.J., Long-Term Competence Restoration. *Journal of the American Academy of Psychiatry & the Law*, 42(1):81-90 (2014).

⁴⁵ (Miller, 2003; Pinals, 2005).

⁴⁶ Parker G.F. The Quandary of Unrestorability, *Journal of the American Academy of Psychiatry & the Law* 40(2):171-176 (2012).

⁴⁷ Fitch (2014); Parker (2012); Pinals (2005).

⁴⁸ Levitt G.A., Vora I., Tyler K., Arenzon L., Drachman D. & Ramos G., Civil Commitment Outcomes of Incompetent Defendants, *Journal of the American Academy of Psychiatry & the Law* 38(3):349-358 (2010)..

⁴⁹ Fitch (2014); Parker (2012); PCG Health (2016); Pinals (2005).

⁵⁰ Fitch (2014); Morris (2014); Pinals (2005); PCG Health (2016).

⁵¹ Fitch (2014); McGraw Bradley, Farthing-Capowich & Keilitz (1985); Warren, Rosenfeld, Fitch & Hawk (1997).

⁵² Fitch (2014); McGraw Bradley, Farthing-Capowich & Keilitz (1985).

serving some part of their sentence.⁵³ What treatment they actually receive, and whether the SMHA is involved in that treatment, varies across jurisdictions.⁵⁴

Section 5 and **Section 6** examine patients who have been transferred from correctional settings to state psychiatric hospitals for inpatient treatment. **Section 5** looks at patients who have been transferred from state prisons and **Section 6** examines jail detainees who have been transferred.

Section 7 explores the trends among civilly committed sexual offenders who are receiving inpatient treatment at state psychiatric hospitals. In the 1930s and 1940s, about half of the states passed statutes that allowed them to involuntarily commit sex offenders who had a mental health disorder or another type of related disorder (*e.g.*, sexual psychopathy), instead of imprisoning them.^{55, 56, 57} These laws were enacted because it was believed that their disorder would increase their likelihood of committing another sexual offense.⁵⁸ By the 1980s, many states had done away with these laws or were no longer enforcing them.⁵⁹ Even though the laws faded away, public fear of sexual victimization did not. New sex offender commitment laws were enacted in the 1990s after some high profile sex offenses were committed by offenders who had been released from prison prematurely under sentencing guidelines established in the 1980s.⁶⁰ The United States Supreme Court upheld the Kansas law in *Kansas v. Hendricks*.⁶¹ This granted other states the ability to enact similar laws. Currently, 20 states have a special sex offender commitment law.⁶²

Section 8 is dedicated to examining the status of other forensic patients who do not fall under any of the status categories listed above, based on the data available. An example of this would be persons who have been civilly committed after being found not likely to regain competency to stand trial in the foreseeable future. Technically, they are not forensic patients, as their commitments are not ordered by criminal courts. However, it appears that some states regard these patients as “forensic” because their hospitalization started as forensic, and the hospital feels some duty to continue the kind of security ordinarily reserved for forensic patients.⁶³ Other patients who are included in this section are sex offenders who were not committed under a special sex offender commitment law (*i.e.*, either were voluntary patients or were committed under ordinary civil commitment

⁵³ *Ibid.*

⁵⁴ McGraw, Bradley, Farthing-Capowich & Keilitz (1985).

⁵⁵ McLawsen J.E., Scalora M.J. & Darrow C., Civilly Committed Sex Offenders: A Description and Interstate Comparison of Populations, *Psychology, Public Policy, and Law* 18(3): 453-476 (2012).

⁵⁶ Fitch L.W. & Hammen D.A.. The New Generation of Sex Offender Laws: Which States Have Them and How Do They Work?, in *Protecting Society from Sexually Dangerous Offenders: Law, Justice and Therapy*, Winick B.J. & La Fond J.Q. (Eds.), pp. 27-39, Washington, DC: American Psychological Association (2003).

⁵⁷ Fitch (2014).

⁵⁸ Fitch, & Hammen (2003); McLawsen, Scalora & Darrow (2012).

⁵⁹ *Ibid.*

⁶⁰ *Ibid.*

⁶¹ *Kansas v. Hendricks*, 521 U.S. 346 (1997).

⁶² Fitch (2014); McLawsen, Scalora & Darrow (2012).

⁶³ In some states, judges insist on being notified of such a patient’s release. In a few, judges exercise (questionable) authority to deny release to patients they believe should remain hospitalized.

laws) and patients committed from prison at the end of a criminal sentence under a special commitment law (as in California) or under ordinary civil commitment law.

The final section (Section 9) discusses state psychiatric hospital expenditures on forensic patients. Expenditures are examined at the national level. The amount spent nationally for all forensic patients is compared to the amount spent solely on sex offenders, as well as on civil patients between 2004 and 2015. Percent change calculations were also conducted to identify differences in the amount spent on these patients over three different points in time.

Detailed data tables containing state-level information is included in the Appendices. Readers are encouraged to reference these tables to understand specific trends occurring within a given state. This information can also be used as a tool to identify peer states, which may yield collaborative learning opportunities. For those seeking to understand the methodological approach used for the study, a description can be found in the Appendices.

Survey Results

1. Total Adult Forensic Census

The total adult forensic status examines all of the forensic patients (regardless of their forensic status/category) receiving inpatient services at the state psychiatric hospitals. **Graph 1** is based on the number of adult forensic patients reported to be present in each state's state psychiatric hospitals and the psychiatric hospitals of the District of Columbia on a given census day. This information was collected from the State Profiling System for 1999, 2002, 2004, 2005, 2006, 2009, 2011, and 2014. (*See Survey Section in Appendix for more details.*) In **Graph 1**, the national average and the national median are displayed. The average shows the mean number of adult forensic patients present on a given census day for each year. Averages are useful but they can be impacted by extremely high or low values. In order to account for this, the median is included in **Graph 1**. The median depicts the middlemost value. Since the median finds the middlemost value amongst all of the states that reported numerical values, it is less susceptible to extremely high or low numbers. Statistically speaking, when the average is higher than the median, the results are suggesting that some states reported values that were substantially higher than the values reported by other states. In these instances, the median provides a more reliable portrait of the national trend.

In **Graph 1**, the one-day census average (red line) for all 50 states plus the District of Columbia indicates that there has been an increase in the number of adult forensic patients receiving inpatient services at state psychiatric hospitals between 1999 and 2014. The median (blue line), on the other hand, suggests that the number of adult forensic patients over this period remained fairly steady. The slight increase in the median that occurred in 2009 only lasted a short period of time.

The term "Forensic" used throughout this paper refers to patients who have been remanded to state psychiatric hospitals by the criminal justice system.

By 2014, the median was approximately the same as it had been in 2006. The differences between the national average and the national median suggest that some states have seen larger increases in the number of forensic patients in their state psychiatric hospitals than others. In order to understand how the states compare with one another, the states have to be examined individually.

Graph 2 displays the One-Day forensic patient census results of 28 states that reported complete data for each of the eight years. The purpose of depicting each state as a line graph is to show that not all states are experiencing trends in forensic patients the same way. Subsequent graphs presented later in the report (as well as the tables in the Appendix) are included to help the reader understand trends within specific states. **Graph 2** demonstrates that California had a much larger number of adult forensic patients during the one-day census than other states, which makes viewing the details of other states' data difficult to depict on the same graph. Hence, **Graph 3** removes California so that the trends amongst the 27 other states are easier to examine. All of the states represented in **Graph 2** and **Graph 3** appear to have had an increase in the number of adult forensic patients who were present during the one-day census between 1999 and 2014. The averages (red square line) in both graphs reinforce this conclusion. The medians (blue square lines) in **Graph 2** and **Graph 3** suggest that the number of adult forensic patients remained relatively stable until it increased after 2011.

Graphs 1 through 3 provide an interesting depiction of overall trends in total forensic patients over time. However, states with smaller numbers of forensic patients (and smaller state hospitals) get lost in national trends even though they may be experiencing a significant shift in their patient populations as well. To better understand these shifts, **Graph 4** depicts the percent change calculations over time. The percent change calculations were conducted for every state that provided numerical data for 1999, 2005, and 2014. This meant that states that had data for these three years, but were missing data for another year (e.g. 2002), could be included in the analysis. This increased the number of states that could be analyzed to 37 states. The results from the percent change calculations indicate that most states had an increase in the number of adult forensic patients receiving inpatient services between 1999 and 2005, between 2005 and 2014, and between 1999 and 2014. However, not all states were experiencing the same degree of change.

Two states were removed from **Graph 4**. (*See Graph 4 and Appendix for details*). Out of the 35 states present in the graph, 24 states experienced increases in the number of adult forensic patients who were present on the census days examined over the 1999 to 2005 time period. The states with the highest increases were Wisconsin, Minnesota, Nebraska, and South Dakota. Eleven of the 35 states saw a decrease in the number of adult forensic patients who were present on the census days examined. The two states with the largest decreases were Pennsylvania and Maryland. The total percent change for all 37 states combined (including the two states that were removed from **Graph 4**) depicts a 20 percent increase in the number of adult forensic patients between 1999 and 2005.

For the 2005 to 2014 time period, 26 out of the 35 states present in **Graph 4** had percent changes that indicated an increase in the number of adult forensic patients. Arkansas, Pennsylvania, Nevada, and West Virginia had the highest increases. In total, among all

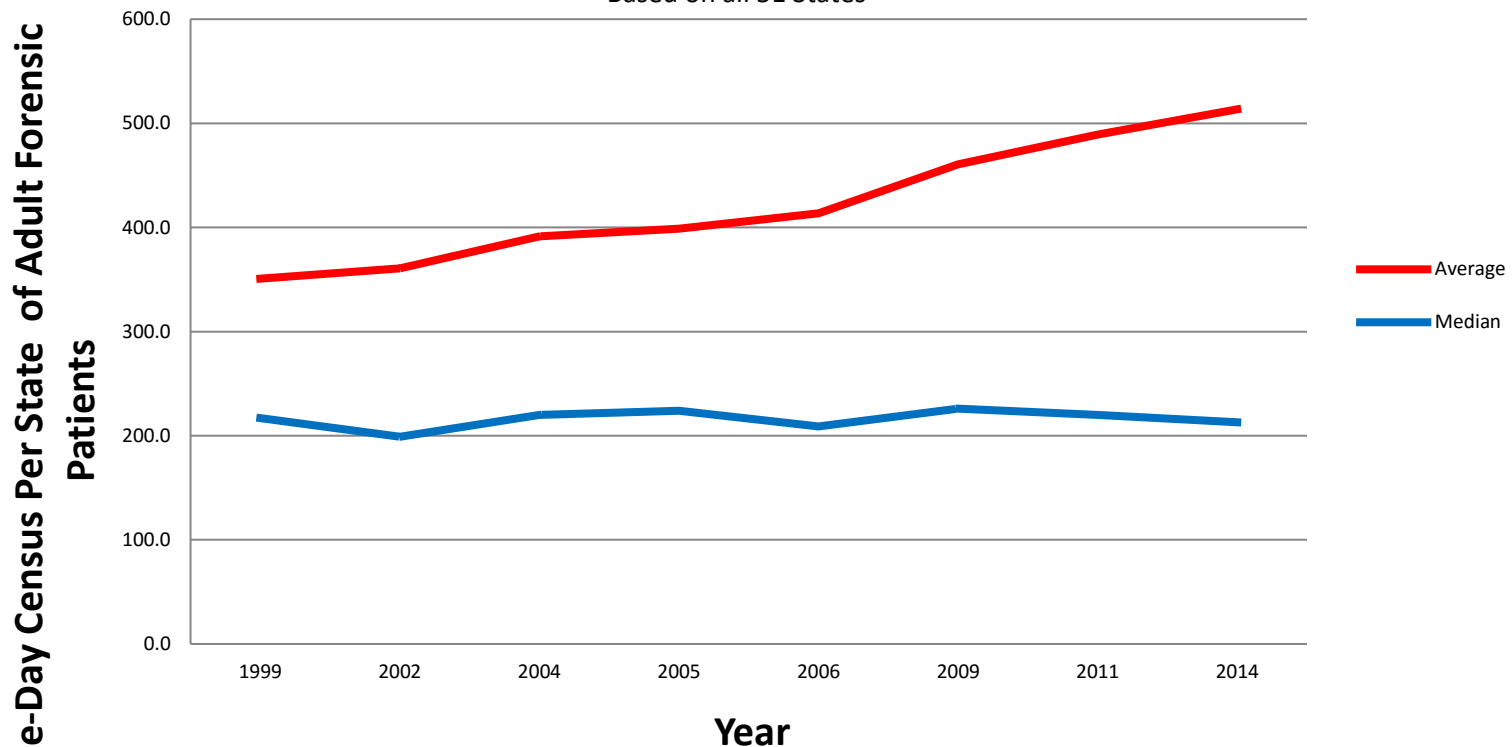
37 states, the percent change suggested a 46 percent increase in the number of adult forensic patients between 2005 and 2014. (See **Graph 4.**)

Finally, for the 1999 to 2014 time period, increases in the number of adult forensic patients present at state psychiatric hospitals were found for 29 out of the 35 states represented in **Graph 4.** Arkansas, Minnesota, Nebraska, and Texas had the largest increases. The total percent change for all 37 states indicated a 76 percent increase in the number of adult forensic patients between 1999 and 2014. (See **Graph 4.**)

Based on 37 states that reported data, results show that from 1999-2014 there was a 76% increase in forensic patients in state hospitals.

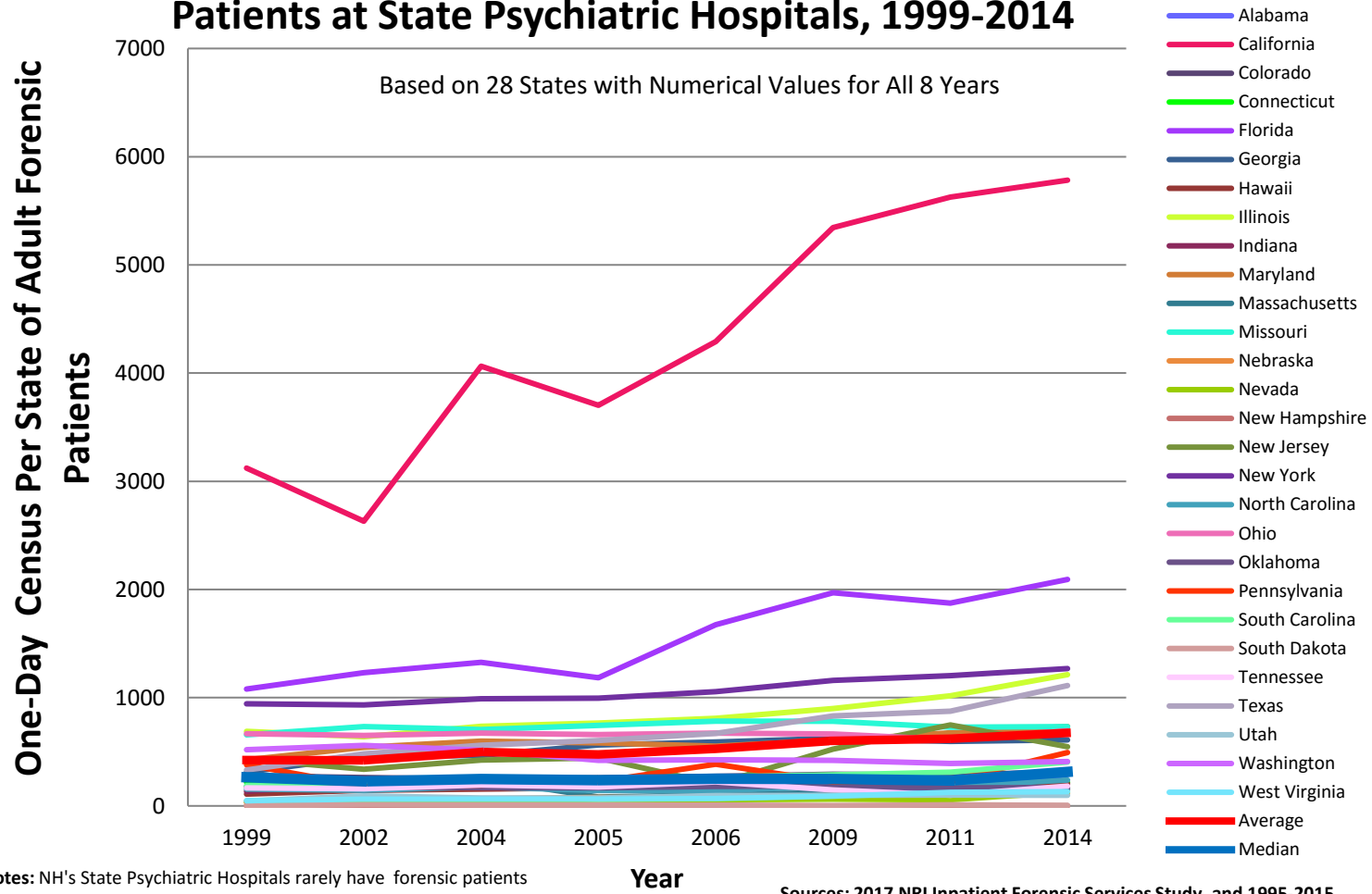
Graph 1: One-Day Census Per State of Adult Forensic Patients at State Psychiatric Hospitals, 1999-2014

Based on all 51 States



Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

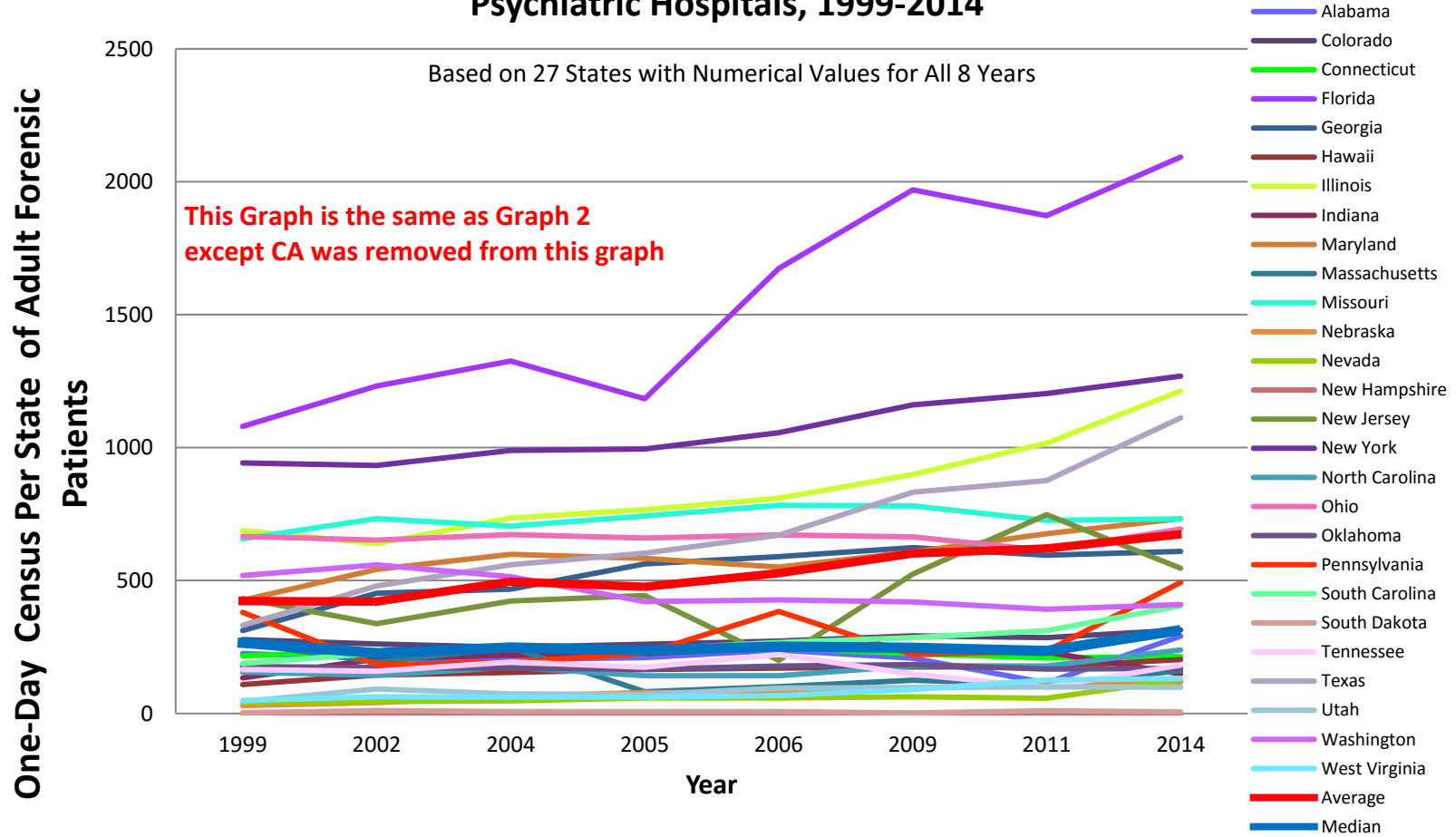
Graph 2: One-Day Census Per State of Adult Forensic Patients at State Psychiatric Hospitals, 1999-2014



Notes: NH's State Psychiatric Hospitals rarely have forensic patients since they are handled in a separate facility that is run by DOC.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 3: One-Day Census Per State of Adult Forensic Patients at State Psychiatric Hospitals, 1999-2014

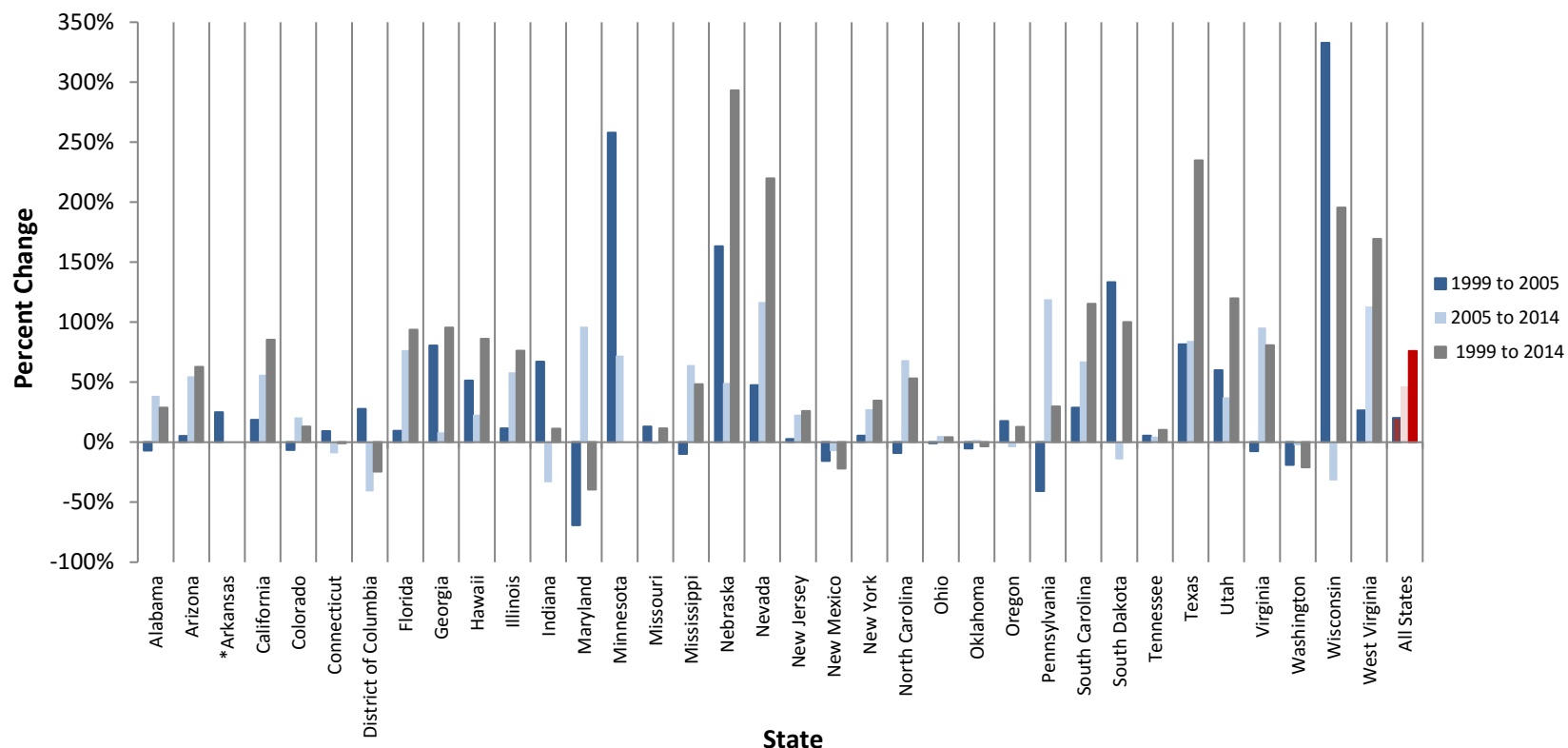


Notes: NH's State Psychiatric Hospitals rarely have forensic patients since they are handled in a separate facility that is run by DOC.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 4: Percent Change in Inpatient Forensic Population

Based on the 35 States with Numerical Data for 1999, 2005, and 2014



***Notes:** 37 states had numerical data for these years. NH was removed since it reported having 0 forensic patients for 1999, 2005, and 2014. MA was removed. Their data is included in the Data Table for this graph, and was used to conduct the percent change for "All States". AR had a percent change of 1960% for 2005-2014 and a percent change of 2475% for 1999-2014. MN had a percent change of 517% for 1999-2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

As is apparent in **Graph 4**, the forensic population in state psychiatric hospitals shifts over time. This is also true of the state's population. The size of the state's population, along with the size of its state hospitals, can make the results misleading or difficult to interpret. To account for these differences, a line graph was created based on the states' adult civilian population. (*See Analysis Section in Appendix for definition and calculation.*) We acknowledge that state laws, procedures, and programs can change more rapidly than state population figures. These changes can have a large influence over the number of forensic patients admitted to, as well as residing within, state hospitals. Unfortunately, it is difficult to factor these shifts into a quantitative analysis. In order to enhance state-by-state comparisons of the overall management of forensic patients, population figures were used to account for changes within the state. (*See Analysis Section in Appendix for calculations.*)

Graph 5 compares 28 states that had numerical data for each year that was examined between 1999 and 2014 that can be compared among states. After accounting for the state's population size, it can be seen in **Graph 5** that the proportion of adult forensic patients present in state psychiatric hospitals, between 1999 and 2014 has increased in most states. Indiana, New Jersey, and South Dakota were the only states experiencing a decrease in the proportion of adult forensic patients present between 2011 and 2014. (*See Graph 5 and Appendix.*)

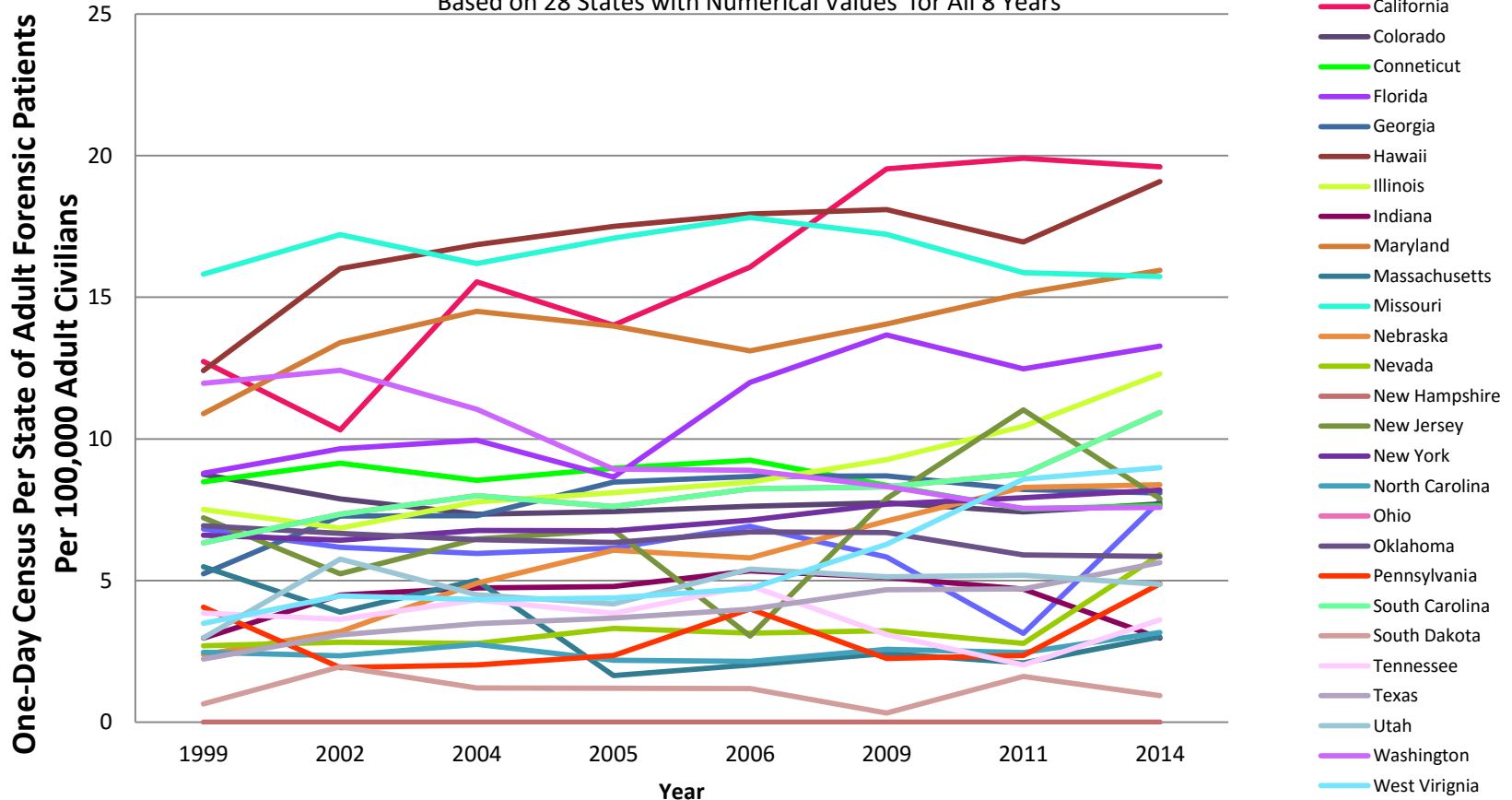
The number of forensic patients present on a census day is different from the number of forensic patients admitted to a state psychiatric hospital over the course of a year. The census day looks at the number of forensic patients present on a given day within a one-year period (typically either a calendar year or a fiscal year). The number of admissions, on the other hand, examines how many forensic patients were admitted to state psychiatric hospitals over the course of the state's fiscal year (*See Survey section in Appendix for more information.*) All of the previous calculations were conducted using census day information. **Graph 6** portrays the rate at which forensic patients were admitted into state psychiatric hospitals in 2016 based on the each state's adult civilian population. (*See Analysis section in Appendix for calculations.*)

Of the 37 states that responded to the survey, 32 states provided data regarding the number of forensic patients their state psychiatric hospitals admitted in 2016. Twenty-nine states had an admission rate above zero per 100,000 adult civilians. Results from **Graph 6** show that seven states had an admission rate that exceeded 15 per 100,000 (District of Columbia, Hawaii, Virginia, California, Washington, Colorado, and Ohio). A median admission rate (which is not impacted by states with large admission rates) was derived from the 29 states that had admission rates greater than zero per 100,000. For adult forensic patients, the median admission rate was 9.65 per 100,000 adult civilians.

While it is important to know the number of patients who are admitted each year, the availability of beds must also be accounted for. Whether or not a state psychiatric hospital has bed space available will influence whether or not more patients can be admitted. The SAMHSA Uniform Reporting System (URS), which is maintained by NRI, contains information regarding the number of forensic and non-forensic adult patients present on a given census day at the state psychiatric hospitals within each state. The proportion of state hospital beds occupied by forensic patients is computed using URS data. (*See Methodology section in Appendix for calculations.*)

Graph 5: One-Day Census Per State of Adult Forensic Patients at State Psychiatric Hospitals Per 100,000 Adult Civilians, 1999-2014

Based on 28 States with Numerical Values for All 8 Years

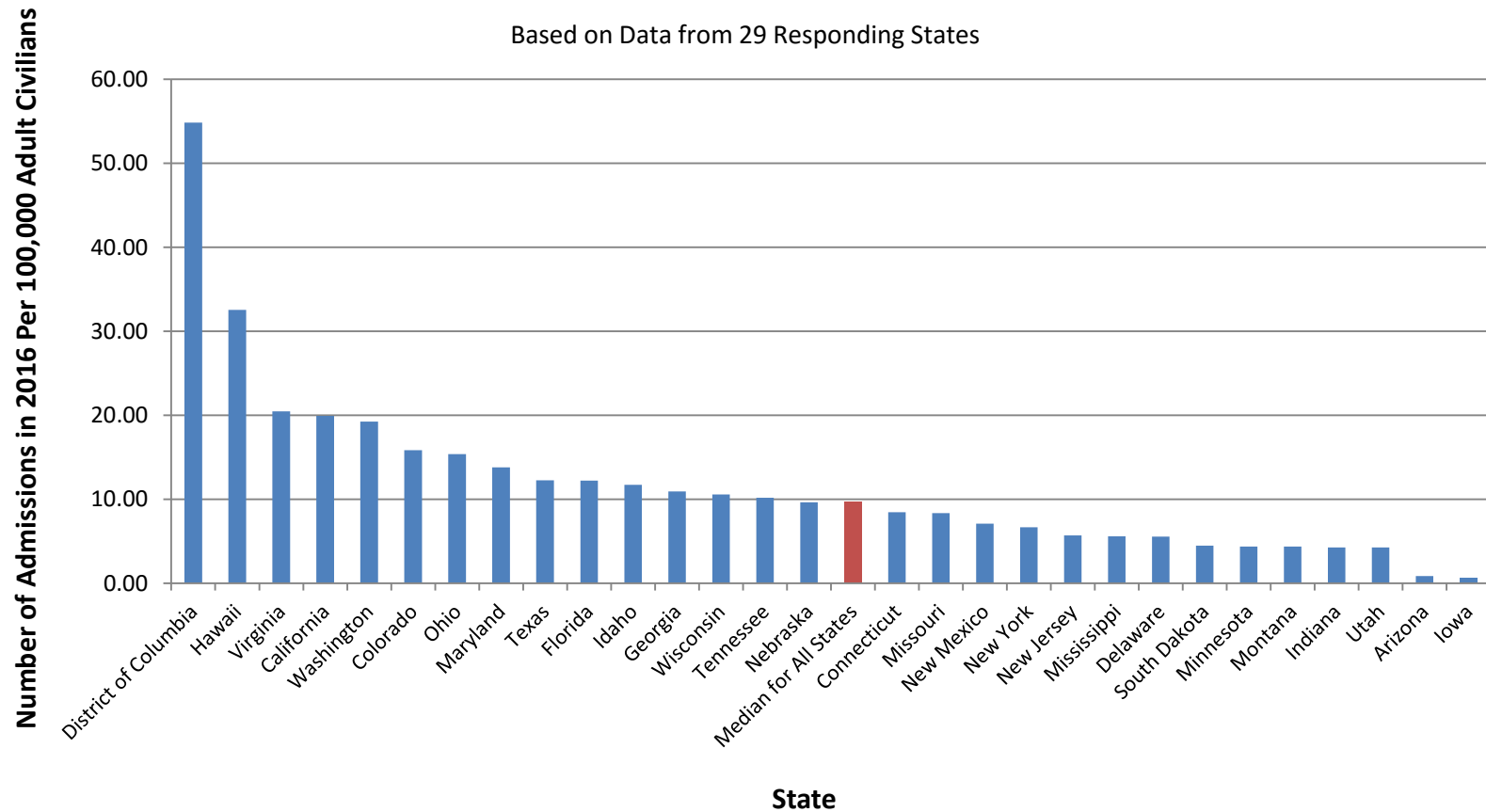


Notes: 28 states had numerical data for these years. NH was removed since they reported having 0 forensic patients between 1999 and 2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 6: Rate of Admission of Adult Forensic Patients for Inpatient Services at State Psychiatric Hospitals in 2016

Based on Data from 29 Responding States



Notes: 32 states reported admission data. NC, NH, and SC had admission rates of 0 per 100,000 so they were not included in the graph.
 IL, MA, MI, NV, and PA did not report, or did not have data available for 2016.
 Therefore, the data for these states are missing.

Sources: 2017 NRI Inpatient Forensic Services Study

The admission rate calculation could only be conducted for data from 2002, 2004, 2005, 2006, 2009, 2011, and 2014, since the URS does not contain data prior to 2002 and data on the number of forensic patients present on a given census day was only collected by the State Profiling System for those years. (*See Survey Section in Appendix for more information.*) Twenty-five states reported numerical values for the number of adult forensic patients present at their state psychiatric hospitals and had data in the URS on the number of adults residing in their state psychiatric hospitals for each of these years. **Graph 7** is included to demonstrate the variation among states regarding the percent of forensic patients who are receiving inpatient services at their state psychiatric hospitals.

In order to develop a better understanding of these trends, **Graph 8** shows the change in the forensic composition of state hospitals that occurred between 2002 and 2014. Based on the information that was reported, only one state's percent change calculation indicated that there was a reduction in its state hospitals' forensic composition between 2002 and 2014; the other 24 states experienced increases.

All of the graphs suggest that, of those for which data is available, state psychiatric hospitals generally have seen an increase in the number of adult forensic patients who have received inpatient services over the 1999 to 2014 time period. Furthermore, it appears that, over the years, more of the state psychiatric hospitals' populations are comprised of forensic patients. When considering these graphs the following questions arise: What types of forensic patients are responsible for this increase? Is one forensic status contributing to this increase, or is this shift a result of an increase in multiple forensic status categories receiving inpatient services at state psychiatric hospitals?

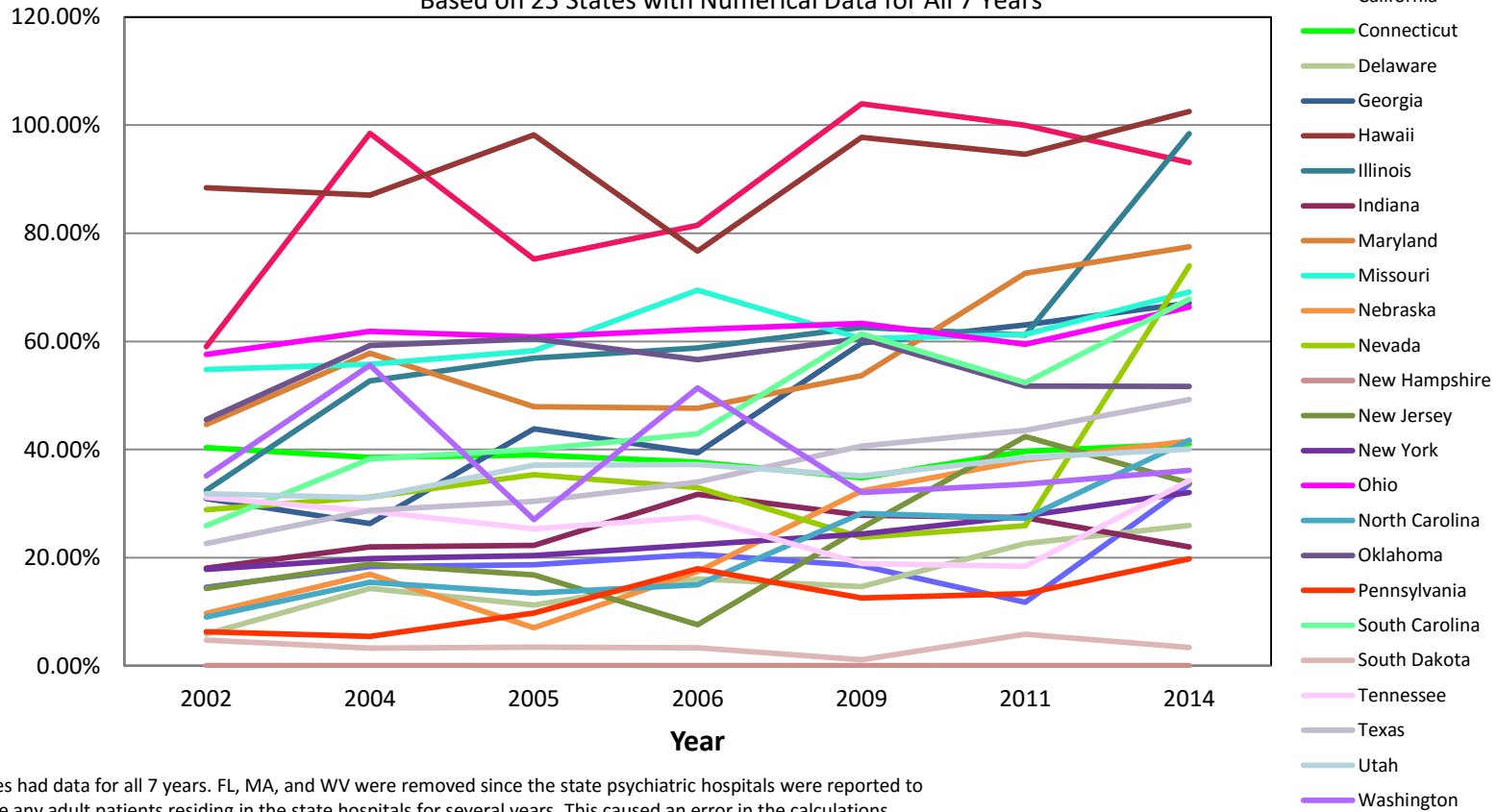
"All of the graphs suggest that, of those for which data is available, state psychiatric hospitals have seen an increase in the number of adult forensic patients who have received inpatient services over the 1999 to 2014 time period. Furthermore, it appears that, over the years, more of the State psychiatric hospitals' populations are comprised of forensic patients."

The following sections look to answer these questions. Furthermore, these sections will explore, at the state level, what developments may be responsible for these shifts.

Graph 7: A One-Day Census Per State Examination of the Forensic Composition of State Psychiatric Hospitals: 2002-2014

Based on 25 States with Numerical Data for All 7 Years

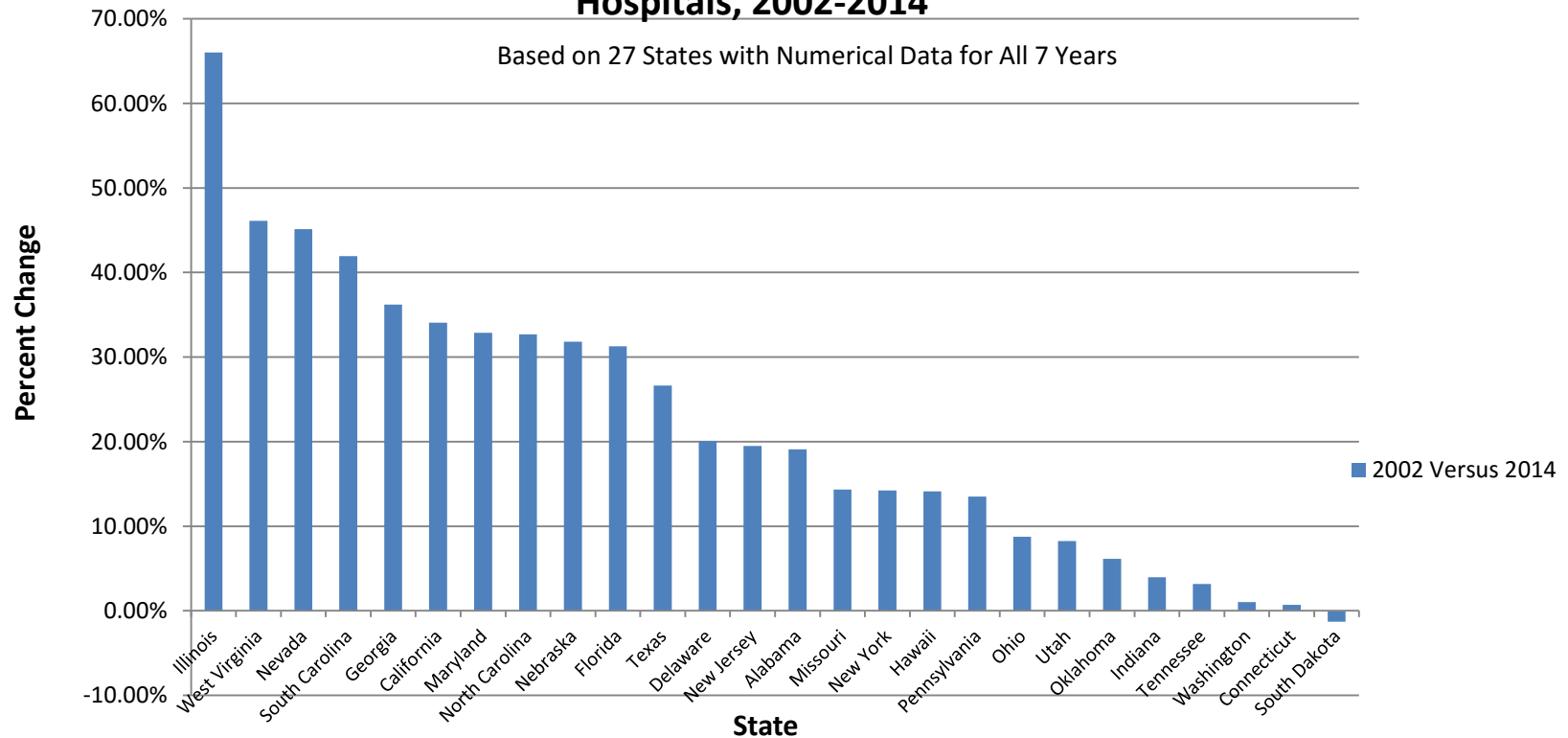
Percent of State Psychiatric Facility Composed of Adult Forensic Clients



Notes: 28 States had data for all 7 years. FL, MA, and WV were removed since the state psychiatric hospitals were reported to not have any adult patients residing in the state hospitals for several years. This caused an error in the calculations. Out of the 25 states in the graph: NH's state psychiatric hospital rarely admits forensic patients. IL's number of Adult forensic patients at the state psychiatric hospital for 2013 was used again for 2014 (2014 had an Adult Forensic State Psychiatric Population of 513. This was changed to 1,232).

Sources: 2017 NRI Inpatient Forensic Services Study, the Uniform Reporting System, and the 1995-2015 State Mental Health Agency Profiling System

Graph 8: Percent Change in the Forensic Composition of State Psychiatric Hospitals, 2002-2014



***Notes:** 28 states had data for 2002 and 2014. NH removed from graph since it reported no forensic patients for each year.

MA removed from graph due to a Not Divisible By Zero Error.

IL reported having 1,213 forensic patients in 2014 yet 513 patients who were 18 or older.

Data from 2013 was used for 2014. This made the number of adult state hospital residents 1,232 for 2014.

This caused a percent change of 66 percent.

Sources: 2017 NRI Inpatient Forensic Services Study, the Uniform Reporting System, and the 1995-2015 State Mental Health Agency Profiling System

2. Pre-Trial Evaluations

The term “pre-trial evaluation” encompasses a variety of forms of evaluations. The data below refers to the NRI State Profiling System’s definition for pre-trial evaluations which is “Evaluation for competency to stand trial and/or insanity at the time of the offense, including evaluations related to guilty but mentally ill status.”

Competency to Stand Trial Evaluations

When a defendant’s competency is in question he/she may be ordered to undergo a competency to stand trial evaluation.⁶⁴ Research has indicated that competency to stand trial evaluations are being conducted on an outpatient basis at an increasing rate.⁶⁵ Even though many states are conducting competency to stand trial evaluations on an outpatient basis, defendants in many parts of the country can still be admitted to state psychiatric hospitals for these services.

Results from the questionnaire portion of the survey indicate that only 12 of the 37 states that responded to the survey handle competency to stand trial evaluations solely outside of the state psychiatric hospital system. Of those 12 states, five states indicated that evaluations were conducted on an outpatient basis (either at an outpatient location or in the jail) by either clinicians from the state psychiatric hospitals or a community evaluator. An additional four states indicated that the evaluations were done by a private agency or private evaluators. Other states indicated that evaluations were conducted by the county or under another department’s jurisdiction (*e.g.* Department of Corrections). Of the remaining 25 states that indicated that some (or most) of their competency to stand trial evaluations are conducted at their state psychiatric hospitals, 23 states indicated that their state psychiatric hospitals accepted both misdemeanants and felons for those evaluations.

The remaining two states indicated they typically will only accept felons for inpatient competency to stand trial evaluations. This does not mean that these states deny misdemeanant patients. Based on the information provided by both states, it appears they utilize community- and/or jail-based evaluations for misdemeanant patients. This reduces how frequently the state psychiatric hospitals within these states admit misdemeanant patients to their state psychiatric hospitals for competency evaluations.

States were asked if they have seen an increase in the number of patients being admitted for inpatient competency to stand trial evaluation, as opposed to evaluations in an outpatient settings. Only two states reported having experienced a recent shift from outpatient to inpatient evaluations. However, six states reported having experienced a recent increase in the number of competency evaluations being conducted on an inpatient basis rather than on an outpatient basis. A majority of the 37 reporting states said there has not been a recent shift to more competency evaluations being conducted on an

⁶⁴ Colorado Department of Human Services (2015); Fitch (2014); Hogg Foundation for Mental Health, (2016); Nobles & Randall (2014); PCG Health (2016); Washington Behavioral Health Administration (2017).

⁶⁵ Fitch (2014); Miller, 2003).

inpatient basis. Of the eight states that saw a shift, a majority (six states) saw a shift from competency evaluations being primarily conducted on an inpatient basis to them being conducted increasingly on an outpatient basis.

Very few states reported any recent developments impacting the number of misdemeanants or felons that they admit for inpatient competency to stand trial evaluations. Most states reported that there has been no change in the number of competency to stand trial evaluations conducted at their state psychiatric hospitals. A few states provided comments on the impact of recent legal, political, or programmatic developments that have occurred in their states. Five states indicated recent changes have led to more misdemeanants being sent for competency to stand trial evaluations at outpatient settings. Four of these states indicated that these changes were a result of new or revised statutes. Another state indicated that diversion programs and programmatic developments have led to the decreases among their misdemeanor competency evaluation population. These reasons were also mirrored for felons. Four states reported that more felons were being sent to outpatient settings for competency to stand trial evaluations or that other diversion programs/methods that were being utilized were having a positive impact.

Four states indicated that increases in the number of inpatient competency evaluations are believed to be related to new laws, admission criteria, and/or the views of the judge's ruling on the case as to whether or not inpatient competency to stand trial evaluations are needed. Two of these states indicated that restrictive standards in their ordinary commitment laws may be responsible for the influx.

One state explained that there had been an incident where a patient who had been committed for restoration services passed away before he was admitted. Judicial responses to the incident have increased the number of orders for inpatient competency restoration services. (*This type of issue has been the source of litigation for some states.*) Another state saw an increase in orders for defendants who are likely to have a shorter length of stay; while this state has seen an increase in the number of felons accepted for competency restoration services, the state did not believe those individuals would occupy space within the state's psychiatric hospitals for a lengthy period of time.

A majority of the 37 reporting states indicated they maintain a wait list for admissions for inpatient competency evaluations. Of the 20 states that reported having a waitlist for inpatient competency evaluations, six states indicated the average wait time for admission for competency to stand trial evaluations is between 7 to 20 days. (*See Graph 9.*) Eight states have an average wait time of 21 to 79 days (one to three months). Two states reported having an average wait time of 238 to 252 days (eight to nine months). It should be noted that average wait times might be calculated differently for each state that reported. Based on how a state defines its wait period, the reported average wait time may only take into account the how long defendants are currently awaiting an inpatient bed placement, rather than the average time it takes to immediately admit a defendant who has been on the waitlist to the state psychiatric hospital.

While this qualitative information is helpful, competency to stand trial evaluations are only a piece of the pre-trial evaluation population. As noted above, pre-trial evaluations can also include evaluations to assess a defendant's criminal responsibility (*i.e.*, legal

insanity) or, in some states, eligibility for a verdict of guilty but mentally ill (GBMI). Based on the way the information is reported and coded, it is difficult, if not impossible, to parse out which of these types of pre-trial evaluations were being conducted. Therefore, the next section will look at all evaluations that were coded by the state psychiatric hospitals as pre-trial evaluations.

Trends in Inpatient Pre-Trial Evaluations

Graph 10 illustrates the national trend for a one-day census of pre-trial evaluations in all 50 states plus the District of Columbia. It can be seen that the median experiences similar increases and decreases at the same time as the average. However, the average number of pre-trial evaluations is dramatically higher than the median. This suggests that some states are experiencing a much higher average number of pre-trial evaluations than other states and that national aggregates may not be telling the whole story.

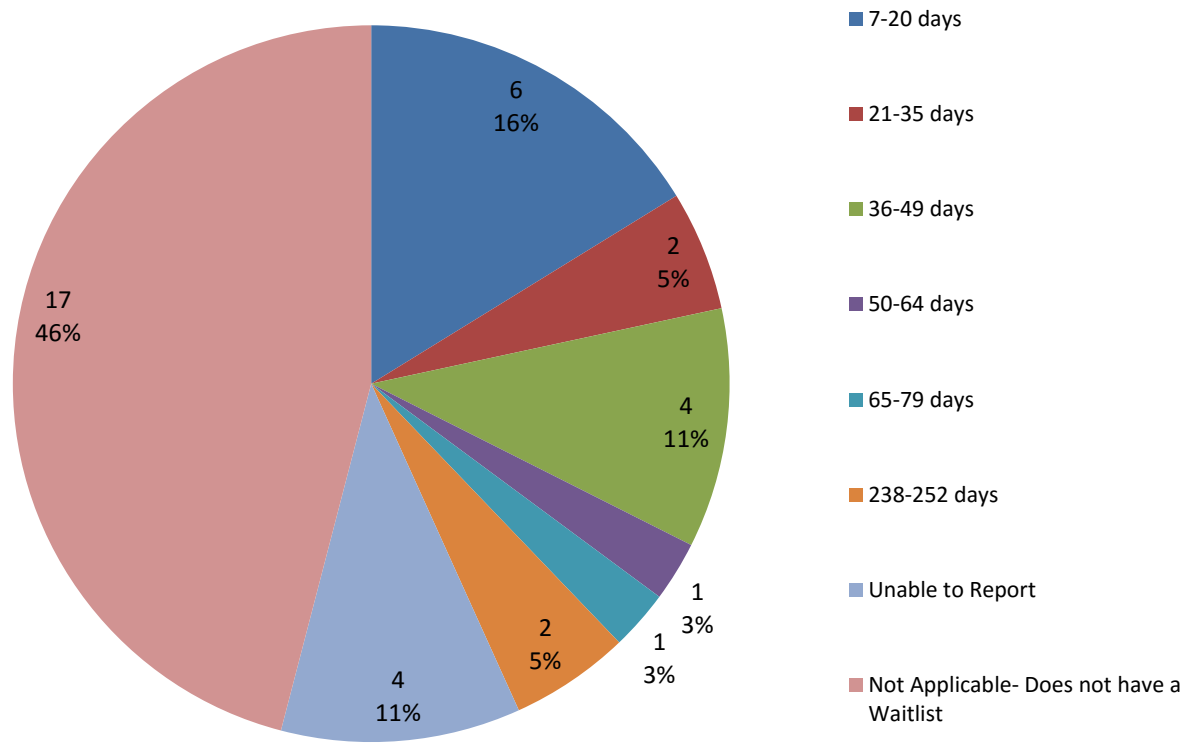
Twenty one states reported data for all eight years. Looking at these states, it can be seen that some states had dramatic changes in the number of patients present in their state psychiatric hospital for a pre-trial evaluation on a given census day. (*See Graph 11.*)

Graph 11 demonstrates that only seven states had an increase in the number of patients present for inpatient pre-trial evaluations between 1999 and 2014; seven states appeared to have had a decrease; and seven states appeared to have remained relatively stable in their numbers of inpatient pre-trial evaluations. (*See Appendix.*)

The numbers of patients present for inpatient pre-trial evaluations were adjusted by the size of each state's adult civilian population. The trends indicate that, with the exception of Maryland, the proportion of patients present for inpatient pre-trial evaluations per 100,000 adult civilians was relatively stable for most states. (*See Graph 12 and Appendix.*) Washington, Utah, and Tennessee were the three states that saw the largest decreases in the proportion of patients present for inpatient pre-trial evaluations over the 1999 to 2014 time period. The results in **Graph 12** should be interpreted with caution. The one-day census numbers for patients present at state psychiatric hospitals for inpatient pre-trial evaluations are low. Because these numbers are so small in comparison to the size of each state's adult civilian population, the differing rates should be interpreted with caution. Overall, the **Graph 12** suggests that, when comparing the proportion of patients present for inpatient pre-trial evaluations within each state, a majority of the 21 states remained stable between 1999 and 2014.

Graph 9: Duration of Time Forensic Patients are on State Psychiatric Hospital Waitlists for Admittance for Inpatient Competency Evaluations, 2016

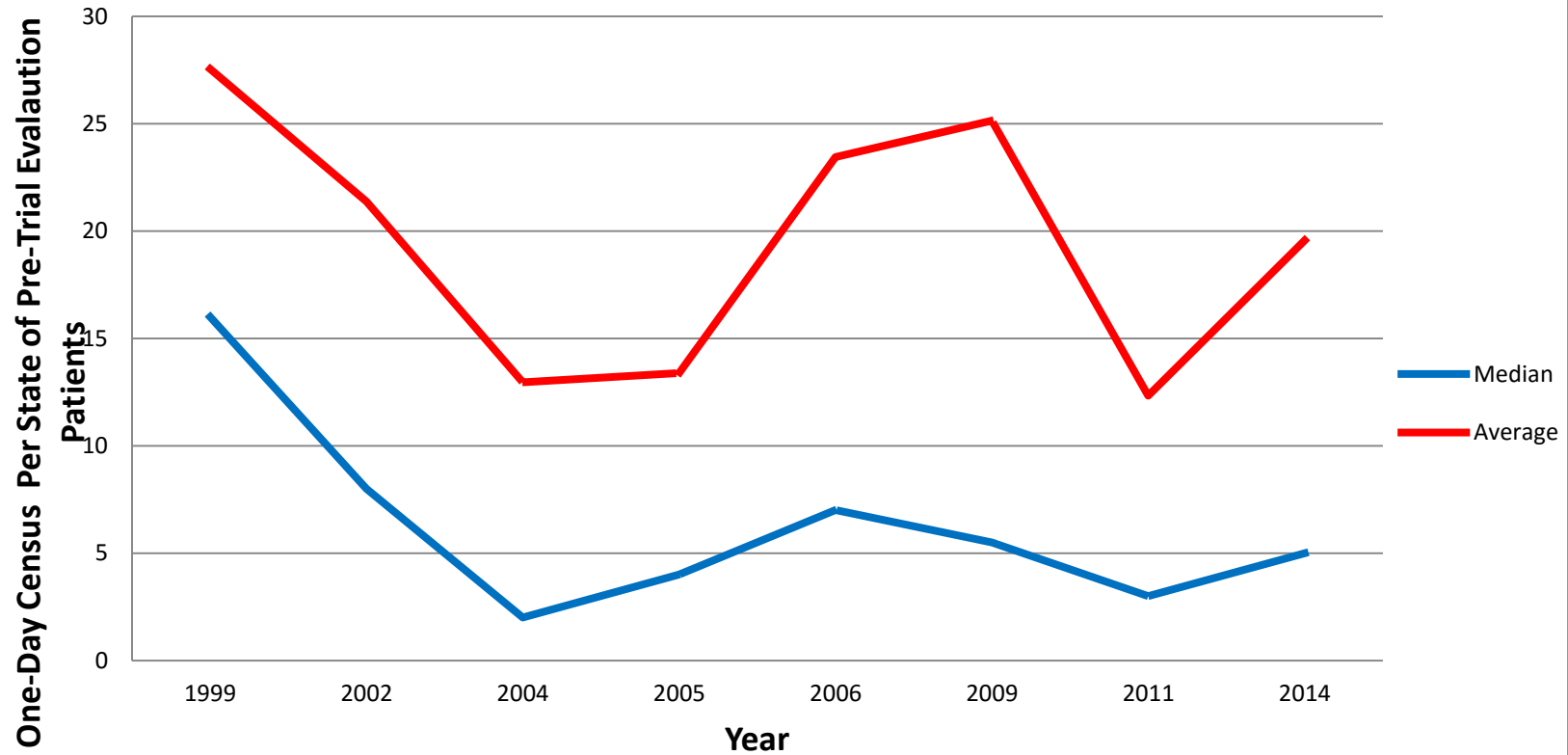
Based on the 37 Responding States



Sources: 2017 NRI Inpatient Forensic Services Study

Graph 10: One-Day Census Per State of Pre-Trial Evaluation Patients at State Psychiatric Hospitals, 1999-2014

Based on all 51 States

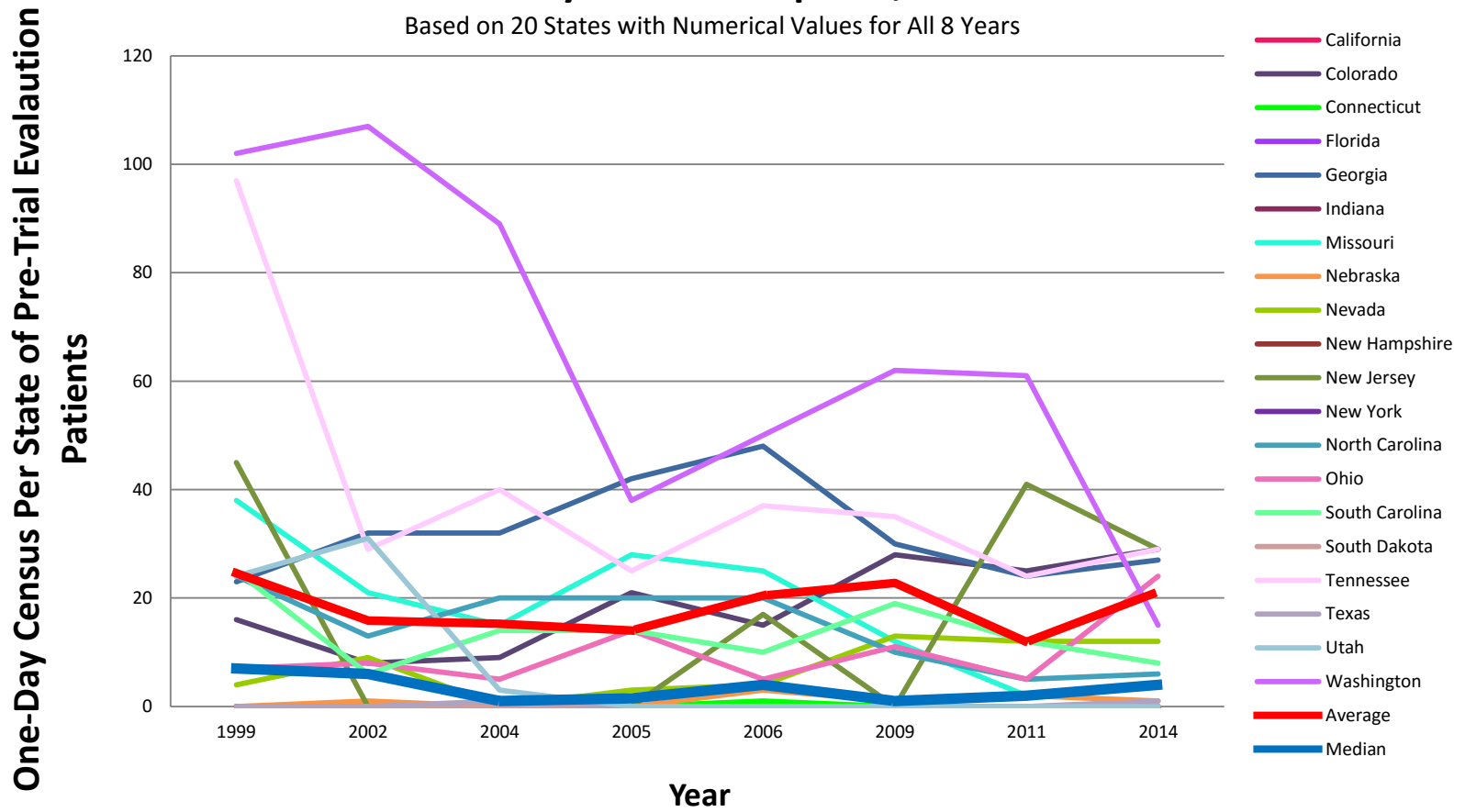


Note: Arkansas' number of pre-trial evaluation patients present on the 2014 census day was removed from the average and median calculations for 2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 11: One-Day Census Per State of Pre-Trial Evaluation Patients at State Psychiatric Hospitals, 1999-2014

Based on 20 States with Numerical Values for All 8 Years



Notes: 21 states had data for all 8 years. MD was removed from this graph (See Appendix for data)

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

To further investigate the experience of individual states, percent change calculations were conducted for the 26 states that had numerical values for all eight years. While the calculations were conducted on 26 states, only 17 states had numerical data with values greater than zero. (See Appendix.) **Graph 13** displays the results for these 17 states. During the 1999 to 2005 time period, the percent changes suggest that 12 states experienced a decrease in the number of pre-trial evaluations on a given census day, and four states reported an increase. The 2005 to 2014 percent changes were similar to that of the 1999 to 2014 percent changes. Of the 17 states, the percent changes indicate that eight states saw an increase. Of the eight states that saw an increase, Nevada and Maryland had the highest percent changes. Six states saw a decrease in the number of patients present for inpatient pre-trial evaluations between 2005 and 2014. Missouri (86 percent) and North Carolina (70 percent) were the states with the largest decreases. For the 1999 to 2014 time period, nine states saw a decrease in the number of inpatient pre-trial evaluations that were reported between the census day in 1999 and the census day in 2014. Utah (100 percent), Missouri (89 percent), and Washington (85 percent) were the states with the greatest decreases. Seven states had dramatic increases; Massachusetts, Nevada, and Ohio had the largest increases.

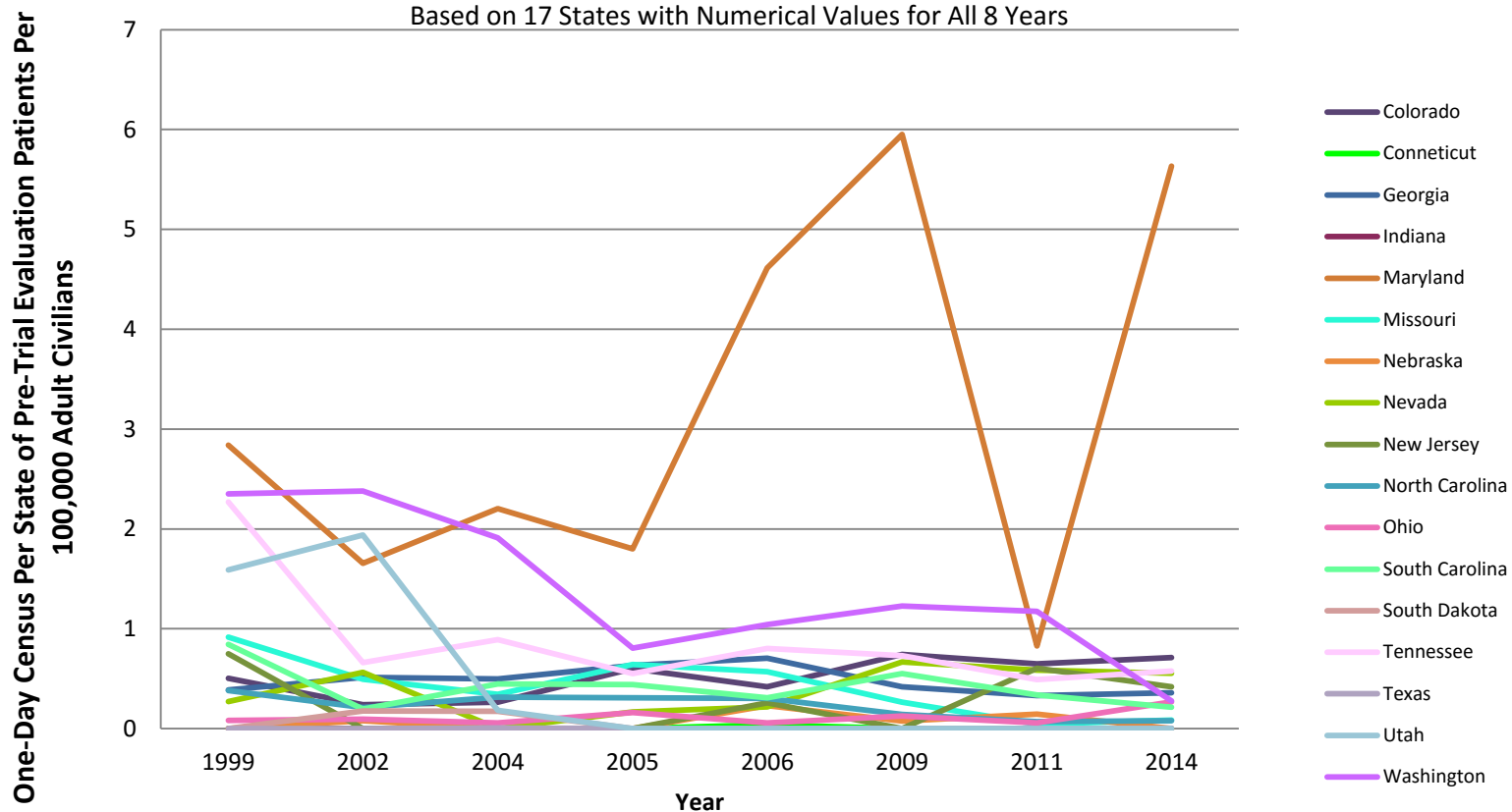
Using the sum for all 26 states for 1999, 2005, and 2014, percent change calculations can be conducted to look at the trend occurring across all of the states. The results from these calculations support the findings summarized from **Graph 14**. The increase in the number of patients present for inpatient pre-trial evaluations is a more recent phenomenon, as evidenced by higher percent changes from 2005 to 2014 (84 percent) than from 1999-2005 (46 percent). It is important to keep in mind that one-day census figures for inpatient pre-trial evaluations are low, so even small changes can result in large percentage increases.

The increase in inpatient pre-trial evaluations is a more recent phenomenon as evidenced by higher percent changes from 2005 to 2014 (84 percent) than from 1999-2005 (46 percent).

(Raw numbers from individual states can be found in the data tables in the Appendix.)

Graph 12: One-Day Census Per State of Pre-Trial Evaluation Patients at State Psychiatric Hospitals Per 100,000 Adult Civilians

Based on 17 States with Numerical Values for All 8 Years

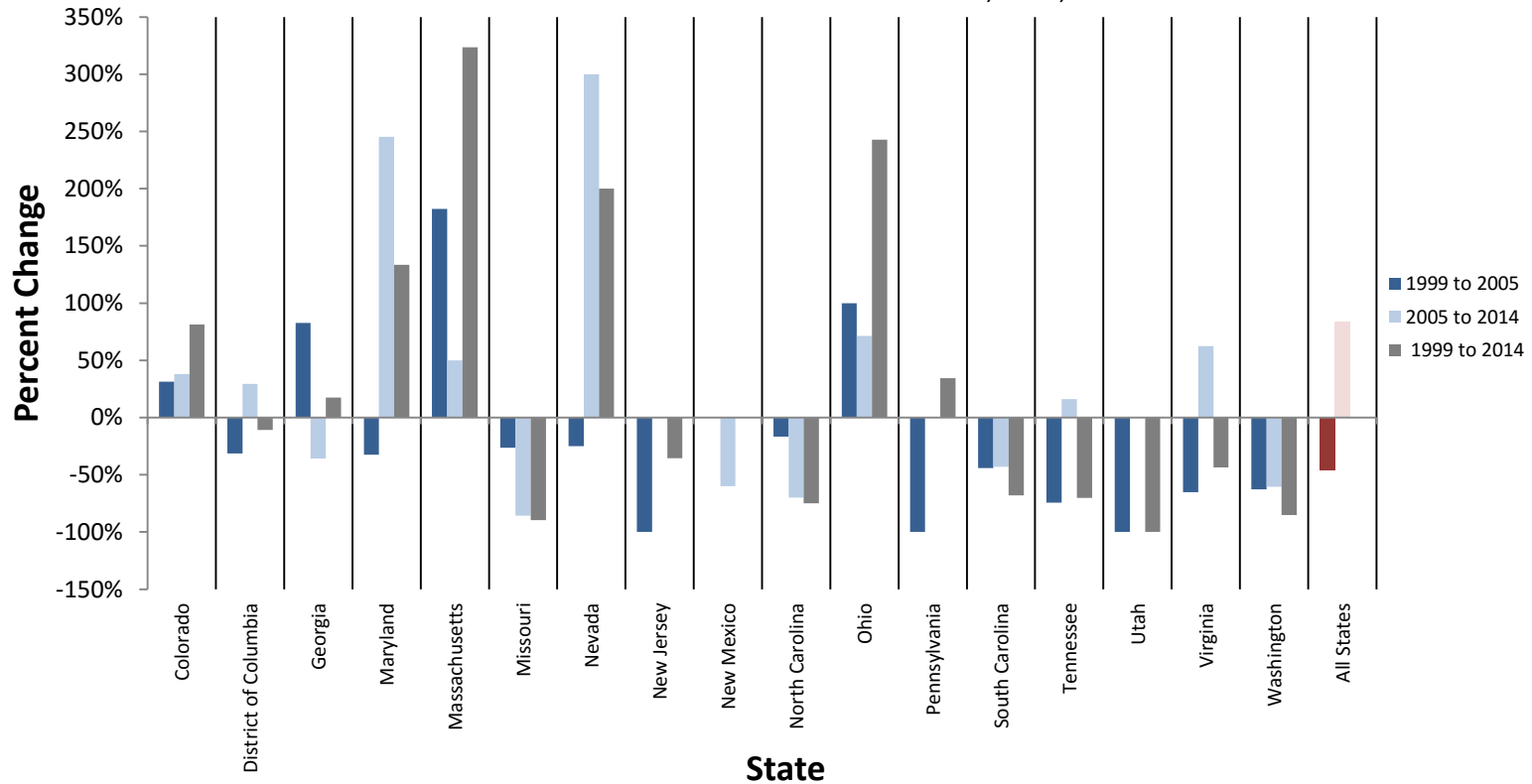


Notes: 21 state reported numerical data for these years. CA, FL, NH, and NY were removed because they reported having 0 pre-trial evaluation patients between 1999 and 2014. MD went from a rate of 6 pre-trial evaluation patients per 100,000 in 2009 to 1 per 100,000 in 2011 to 6 per 100,000 in 2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 13: Percent Change in the Inpatient Pre-Trial Evaluation Population, 1999-2014

Based on the 17 States with Numerical Data for 1999, 2005, and 2014



***Notes:** 26 states had numerical data for these years. Several states (CA, CT, FL, IN, NE, NH, NY, SD, and TX) were removed since they did not report having any pre-trial evaluation patients for 1999, 2005, and 2014. UT reported having 0 pre-trial evaluation patients on the census days examined in 2005, and 2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

In addition to the analysis of one-day census data for inpatient pre-trial evaluations, the number of patients admitted for inpatient pre-trial evaluations over Fiscal Year 2016 were examined. Each state's civilian adult population size was used to standardize the data so that states could be compared with one another. Out of the 37 states that responded to the survey, 15 had admission rates above zero per 100,000. Data from these 15 states suggests that a majority of states had admission rates below 5 per 100,000 adult civilians. The jurisdictions with the highest admission rates were the District of Columbia and Massachusetts. (See **Graph 14** and *Appendix for details*.) A median admission rate (which is not impacted by states with large admission rates) was derived from the 15 states that had admission rates greater than zero per 100,000. For pre-trial evaluation patients, the median admission rate was 2.8 per 100,000. (See **Graph 14**.) These findings suggest that a few states are experiencing much higher admission rates based on their adult civil population for 2016 than other states.

3. Incompetent to Stand Trial (IST) Restoration Services

Previous research has indicated that a large proportion of the forensic population that are served within state psychiatric hospitals defendants that have been found incompetent to stand trial (IST) and have been ordered to receive restoration services.⁶⁶ New programs have been, or are being, developed to divert IST defendants from state psychiatric hospitals, but many defendants are still being admitted to state psychiatric hospitals for competency restoration services.⁶⁷ State-to-state peer learning collaboratives are being held in an effort to allow states to share the challenges they are facing and strategies that are demonstrating success related to competency evaluations and restoration programs.^{68,69,70}

Graph 15 illustrates that, among all 50 states plus the District of Columbia, there has been an increase in the number of number of IST patients being admitted to state psychiatric hospitals for competency restoration services between the census days observed in 1999 and 2014. Based on the national average (red line) and the national median (blue line), there was a peak in the number of IST patients being admitted to state psychiatric hospitals for competency restoration services on the 2002 census day. This trend declined between 2002 and 2005. The national average started to increase again between 2005 and 2014 for IST patients who were receiving inpatient competency restoration services at state psychiatric hospitals. The national median, however,

⁶⁶ Colorado Department of Human Services (2015); Fitch (2014); Hogg Foundation for Mental Health (2016); Nobles & Randall (2014); PCG Health (2016); Washington Behavioral Health Administration (2017).

⁶⁷ *Ibid*.

⁶⁸ Peer Learning Collaborative Focused on Defendants Found Incompetent to Stand Trial, held March 1, 2017 in Saline, Michigan, for seven mid-western states.

⁶⁹ Western State Psychiatric State Hospital Association Meeting, Sept. 13-15, 2016

⁷⁰ NAMSHPD Forensic Division Meeting, Nashville, TN, October 3-5, 2016

remained constant between 2005 and 2009. After 2009, the median began to increase. The increase was more dramatic between 2009 and 2011; however, the rise in the number of IST patients still continued between 2011 and 2014. (See **Graph 15**.)

The average and median continue to show an increase over the 1999 to 2014 time period when the data is limited to the 23 states that provided numerical values for the years being examined. (See **Graph 16**.) Based on **Graph 16**, all 23 states appear to have been experiencing an increase in the number of IST patients receiving restoration services at their state psychiatric hospitals between 1999 and 2014.

Graph 17 is identical to **Graph 16**, except it removes three states (California, Florida, and Texas) in order to facilitate an easier comparison. This was done since the number of IST patients reported by these three states greatly exceeded that of the other states. It can be seen that the number of IST patients receiving competency restoration services at the state psychiatric hospitals was not static across any of the states. Nonetheless, looking at the overall trend between 1999 and 2014, most of the states (16 of 20 states) saw an increase in the number of IST patients receiving competency restoration services at their state psychiatric hospitals. (See **Graph 17**.) The only state that did not appear to have an increase was Tennessee.

Calculations were made using each state's adult civilian population in order to standardize the results. The results that were produced were inconclusive. Thus, the results are not presented in this report.

Examining the percent change helps gain an understanding of the trends a state is experiencing, without concern for differences in state size or structure. Even a small state with a relatively low number of IST patients will feel the impact when the population size doubles in a few years. The percent change calculations that were conducted for the 27 states that reported numerical values for 1999, 2005, and 2014 reinforced the premise that the number of IST patients receiving competency restoration services at state psychiatric hospitals has increased over the years.

From 1999 to 2005, the percent change for all 27 states indicated a 25 percent increase in the number of IST patients receiving competency restoration services on the census days observed.

By the next decade (2005 to 2014) the percent change for all 27 states was 37 percent.

From 1999 to 2005, there were 18 states with percent changes that indicated an increase in the number of IST patients receiving competency restoration services on the census days observed. (See **Graph 18**.) The states with the highest percent changes were Utah, Georgia, South Dakota, Nebraska, and Maryland. (See **Graph 18 and Appendix**.) Out of the remaining nine states, eight had percent changes that indicated decreases in the number of IST patients receiving competency restoration services between 1999 and 2005 (See **Graph 18**).

Between 2005 and 2014, even more states saw an increase in the number of IST patients receiving competency restoration services. Out of the 27 states that had numerical values for all eight years, 19 of the states had percent changes that indicated an increase. Of those 19 states, the states with the highest increases were New Jersey (117 percent) and

Florida (103 percent). Only seven states had percent changes that indicated a decrease in the number of IST patients receiving competency restoration services between the census day observed in 2005 and the census day observed in 2014. (See **Graph 18.**)

Finally, the percent change calculations for 1999 to 2014 indicated that only four states experienced a decrease in the number of IST patients receiving competency restoration services. (See **Graph 18.**) The largest decrease occurred in Arizona (88 percent). Twenty-two states had percent changes that suggested an increase in the number of IST patients receiving competency restoration services. (See **Graph 18.**) The states with the highest values were Utah, Maryland, Georgia, Colorado, Texas, and South Dakota. (See **Graph 18 and Appendix.**)

For each year, a total was created by adding together the number of IST patients

From 1999 to 2014, across all 27 states, there was a 72 percent increase in the number of IST patients receiving competency restoration services on a given census day.

receiving competency restoration services in each state. The totals were used to conduct a percent change calculation that examined the overall trend across all 27 states. The results illustrate that the number of IST patients receiving competency restoration services at state psychiatric hospitals has increased over the years. From 1999 to 2005 there was a 25

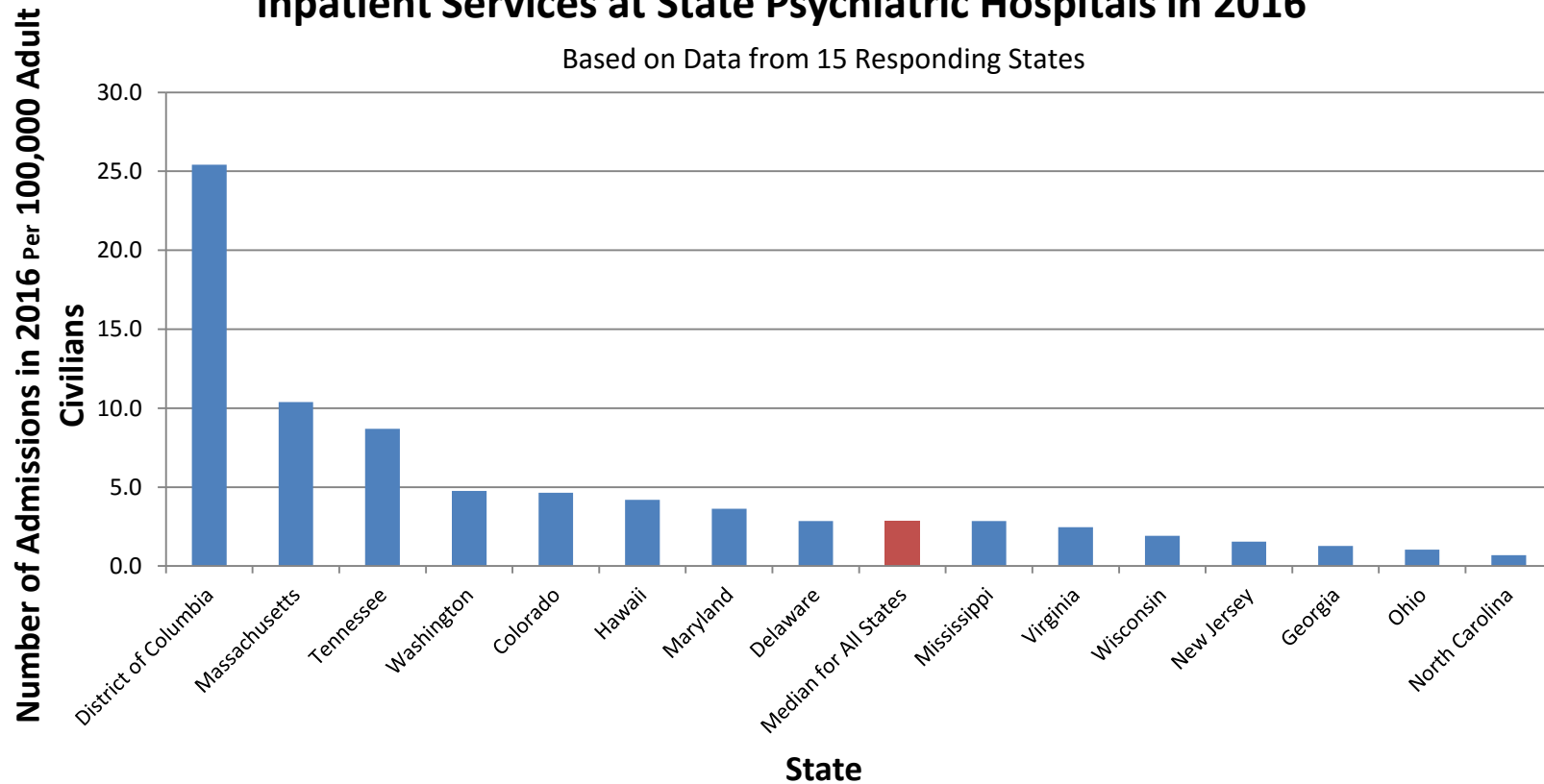
percent increase in the number of IST patients receiving competency restoration services. (See **Graph 18.**) Between 2005 and 2014 there was a 37 percent increase in the in the number of IST patients receiving competency restoration services. (See **Graph 18.**) Finally, between 1999 and 2014 there was a 72 percent increase in the number of IST patients receiving competency restoration services. (See **Graph 18 and Appendix.**)

Of the 37 states that responded to the survey, 34 provided data on the number of IST admissions throughout 2016. Thirty-two of those states had an admission rate above zero per 100,000 adult civilians. Twenty-two reported an admission rate that exceeded three per 100,000 adult civilians. The states with the highest admission rates were District of Columbia, Hawaii, Washington, Idaho, Texas, and Florida. A median admission rate (which is not impacted by states with large admission rates) was derived from the 32 states that had admission rates greater than zero per 100,000. For IST patients, the median admission rate was 5 per 100,000. (See **Graph 19.**)

Even though states were experiencing an increase in the number of IST patients receiving competency restoration services between the census days observed in 1999 and 2014, this did not mean that, in proportion to the state's adult civilian population, the state psychiatric hospitals were admitting a larger number of IST patients for competency restoration services. **Graph 19** illustrates that, when the number of IST patients receiving competency restoration services is standardized based on the size of each state's adult civilian population, only a few states have admission rates for IST patients needing competency restoration services that are dramatically higher than the other states that responded to the survey. Responses from the questionnaire portion of the survey provide some plausible explanations as to why states may be experiencing increases in the number of IST patients receiving competency restoration services on a given day, but are not experiencing high rates of admission.

Graph 14: Rate of Admission of Pre-Trial Evaluation Patients for Inpatient Services at State Psychiatric Hospitals in 2016

Based on Data from 15 Responding States

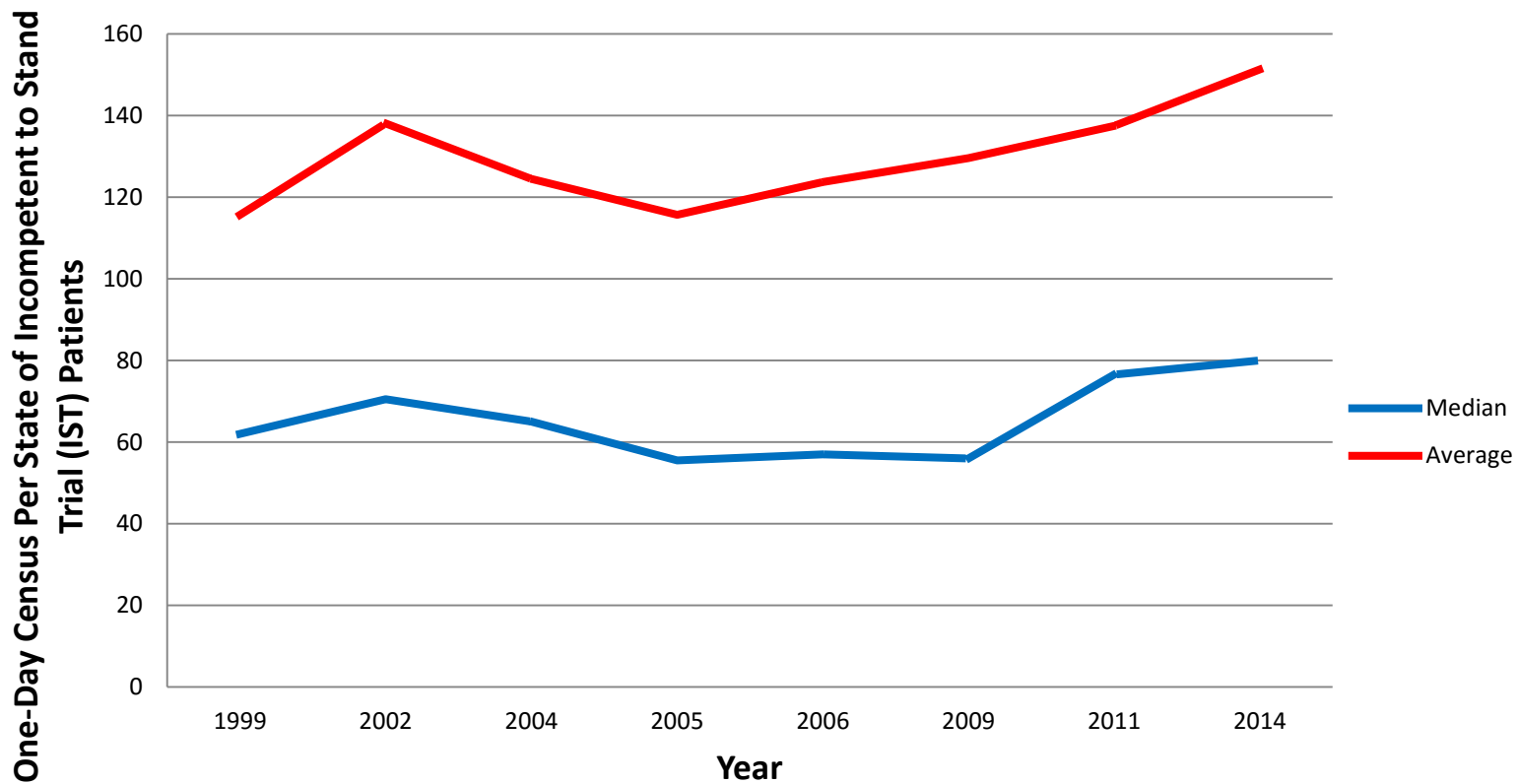


Notes: 34 states reported admissions data for 2016. AZ, CA, CT, FL, ID, IL, IN, MN, MT, NE, NH, NY, SD, TX, and UT were removed from the graph since they had admission rates of 0 per 100,000. IA, MO, NM, SC had admission rates of 0.2 per 100,000. MI, NV, and PA did not report, or did not have data available for 2016. Therefore, the data for these states are missing.

Sources: 2017 NRI Inpatient Forensic Services Study

Graph 15: One-Day Census Per State of Incompetent to Stand Trial (IST) Patients at State Psychiatric Hospitals, 1999-2014

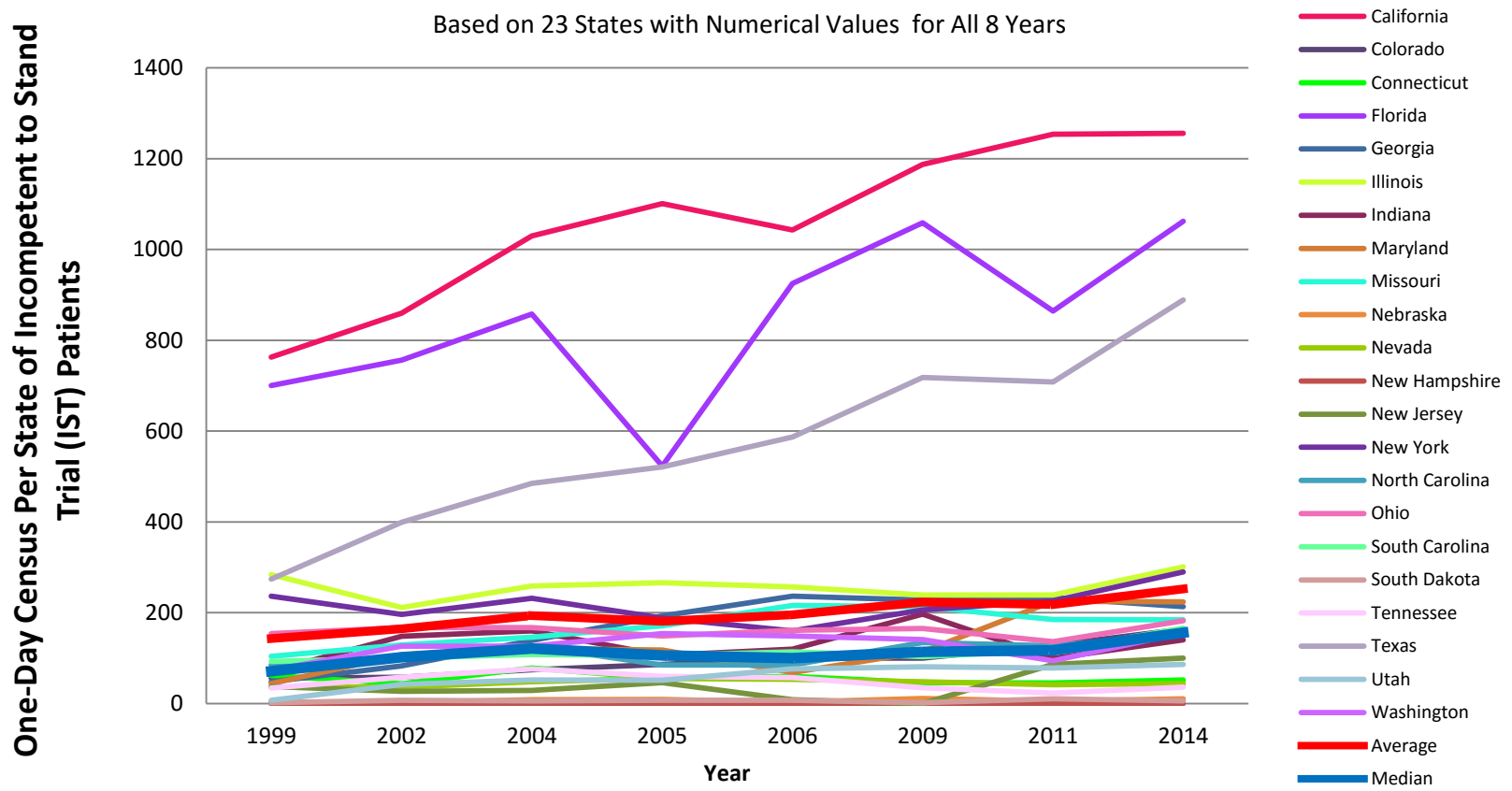
Based on all 51 States



Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 16: One-Day Census Per State of Incompetent to Stand Trial (IST) Patients at State Psychiatric Hospitals, 1999-2014

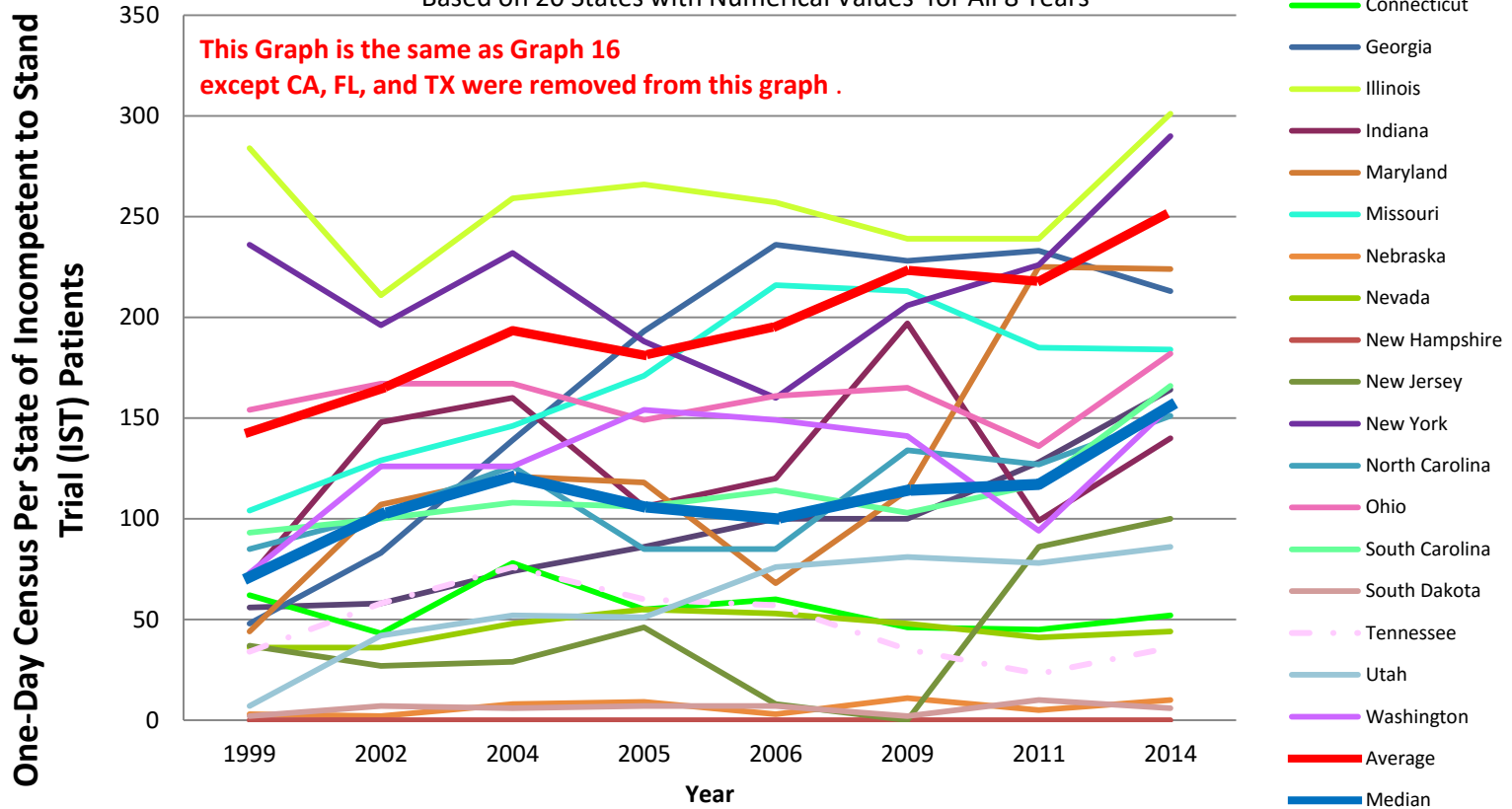
Based on 23 States with Numerical Values for All 8 Years



Notes: FL went from 858 IST patients on a given day in 2004 to 523 in 2005 to 925 in 2006.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 17: One-Day Census Per State of Incompetent to Stand Trial (IST) Patients at State Psychiatric Hospitals, 1999-2014
 Based on 20 States with Numerical Values for All 8 Years

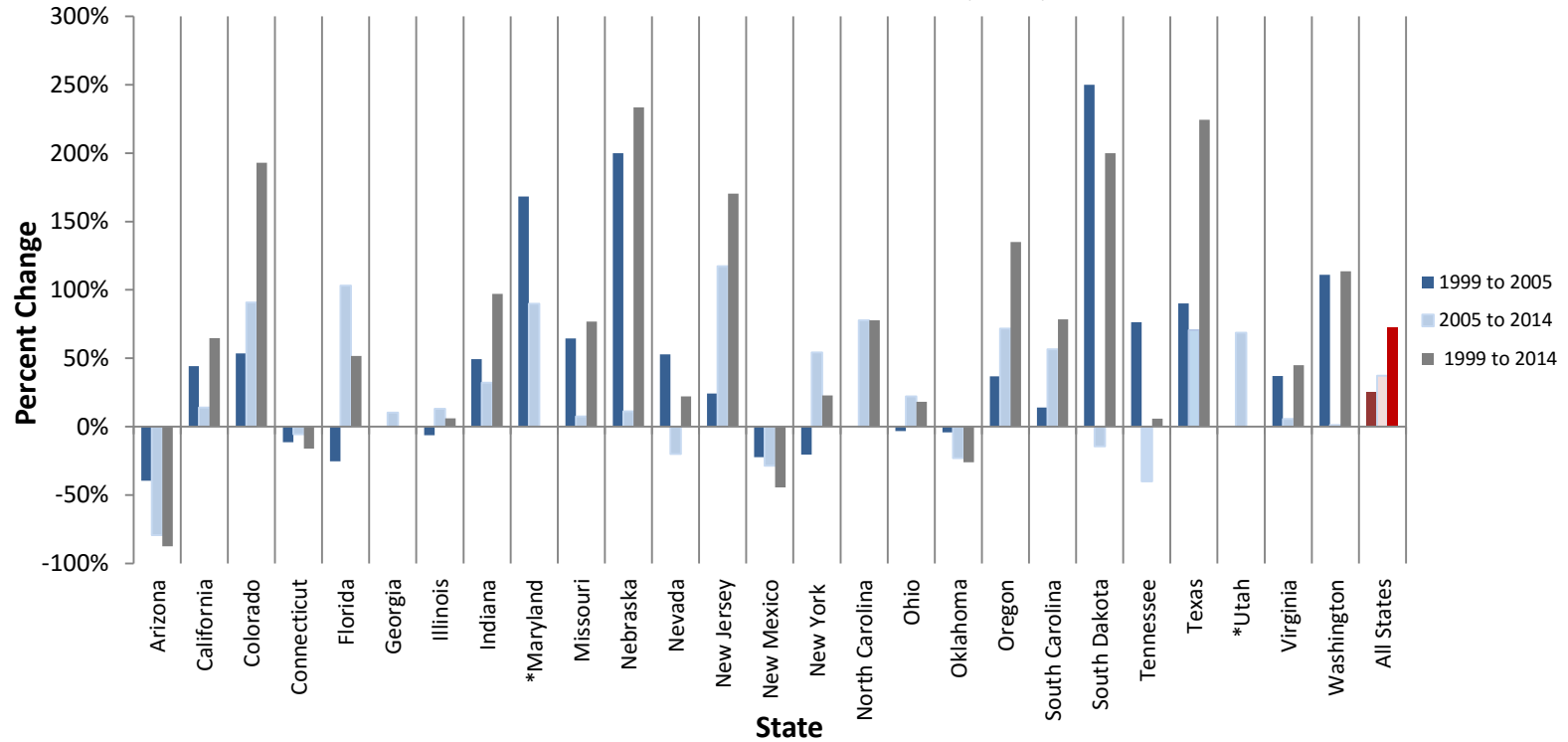


Notes: OK went from 118 IST patients on a given day in 2005 to 8 IST patients in 2006 to 108 in 2009.
 NJ went from 8 IST patients on a given day in 2006 to 0 IST patients in 2009 to 86 in 2011.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 18: Percent Change in Inpatient Incompetent to Stand Trial Population, 1999-2014

Based on the 26 States with Numerical Data for 1999, 2005, and 2014



***Notes:** 27 states had numerical data . However, NH was removed since it had 0 IST patients for 1999, 2005, and 2014.

GA had a percent change of 302% for 1999-2005 and 344% for 1999-2014.

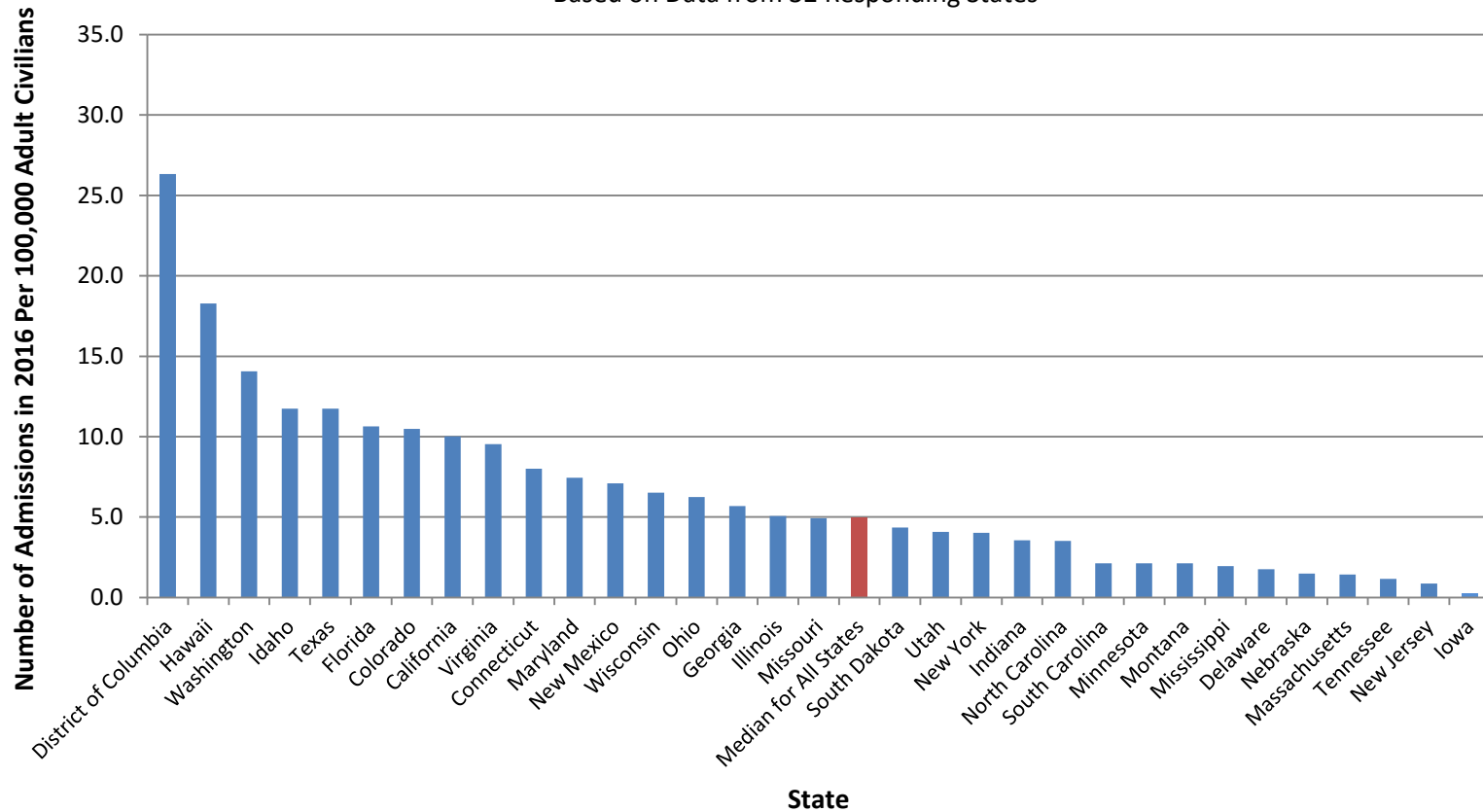
MD had a percent change of 409% for 1999-2014.

UT had a percent change of 629% for 1999-2005 and 1129% for 1999-2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015
State Mental Health Agency Profiling System

Graph 19: Rate of Admission of Incompetent To Stand Trial (IST) Patients for Inpatient Services at State Psychiatric Hospitals in 2016

Based on Data from 32 Responding States



Notes: 34 states had admission data for 2016. Two states (NH and AZ) were not included in the graph since NH had an admission rate of 0 per 100,000 and AZ had an admission rate of 0.2 per 1000,000. MI, NV, and PA did not report, or did not have data available for 2016. These states were not included in the graph.

Sources: 2017 NRI Inpatient Forensic Services Study

Out of the 37 responding states, seven states indicated that recent developments had led to an increase in the number of IST patients that they are admitting for competency restoration services. These seven states had different reasons for the recent increase.

One state indicated that it was because their state psychiatric hospital added a new unit (30 beds) for their IST population. Two states noted that new statutes and/or revisions to previously existing statutes have led to an increase in the number of IST referrals admitted to their state psychiatric hospitals. Another state had experienced the death of a defendant who was in jail awaiting admission for competency restoration services. The result was that judges have been ordering more defendants to receive inpatient competency evaluations, as well as competency restoration services.

Another state indicated that the increase in IST patients may be related to judges making an IST determination even when a competency to stand trial evaluation has not been conducted. Based on the way the state's law is written, this action allows defendants to be admitted to the state psychiatric hospitals at a faster rate than if they were to wait to have a competency evaluation conducted. The remaining two states indicated that, due to a lack of community services, there were reductions in alternative sources for competency restoration, which led to an increase in the state psychiatric hospital IST population.

In contrast, two states reported that recent developments had led to a reduction in the number of IST patients that they are admitting for competency restoration services. The reasons for these decreases included the availability of alternative programs. The states have recently implemented jail-based restoration programs and have begun to utilize outpatient competency restoration services when appropriate.

Results from the questionnaire indicated that even though some states utilize outpatient competency restoration services, almost all of the states (35) use state psychiatric hospitals to provide competency restoration services to a majority, if not all, felons that have been found IST and ordered to receive competency restoration services. Many state psychiatric hospitals (30 states) accept both misdemeanants and felons for inpatient competency restoration services.

For the five states that typically do not admit misdemeanant defendants for competency restoration services, this does not mean that misdemeanants are never accepted into their state psychiatric hospitals. Based on the information provided by these states, it appears that these five states try to utilize alternative competency restoration programs (*e.g.*, outpatient competency restoration programs or jail-based competency restoration programs) to divert misdemeanants from inpatient competency restoration when possible. Furthermore, three out of the five indicated that, in order for misdemeanants to be admitted to their state psychiatric hospitals, the defendants have to meet the state's civil commitment standard. In essence, even though these states answered that only felons are accepted for inpatient competency restoration services, misdemeanants may be admitted to their state hospitals for competency restoration services on rare occasions. In two states, the state psychiatric hospitals do not normally conduct inpatient competency restoration services for forensic defendants; instead, competency restoration services for forensic defendants are provided by agencies outside the state psychiatric hospital system.

Increases in the number of IST patients being admitted to state psychiatric hospitals for competency restoration services can be challenging to manage. States vary in the duration of time they permit an IST patient to remain an inpatient state psychiatric hospital for competency restoration services.⁷¹ The Supreme Court ruled in *Jackson v. Indiana* that a person found IST can only be committed for restoration services for the time needed for restoration, and once it is determined that the person is not likely to be restored in the foreseeable future, he or she must be civilly committed or released.⁷² However, the court never mandated a specific length of time period for the restoration to take place.⁷³

Graph 20 illustrates the maximum length of time that states are able to hold IST patients for competency restoration services. The length of time can vary depending on the defendant's crime. Some of the states that responded to the survey reported multiple commitment lengths, depending on the charges brought against the defendant. As a result, five of the 37 responding states were coded twice, since it was impossible to differentiate time limits for felons versus misdemeanants for all states. Nineteen states indicated they cannot hold an IST patient for competency restoration services for longer than two years. Eleven of these 19 states cannot hold an IST patient for longer than one year. Six states reported that an IST patient could be committed for competency restoration services for up to three years or more. Four states indicated that the maximum length of time that an IST patient can be committed can vary depending on the sentence length or the case itself. Nine states reported having no specific limit on the length of time that an IST patient could be committed for competency restoration services at a state psychiatric hospital. (See **Graph 20**.)

Even if some states have a limit on the length of time that an IST patient can be committed for competency restoration services at a state psychiatric hospital, this does not include the length of time that an IST defendant can remain in the hospital if they are found to be “unrestorable”—*i.e.*, after undergoing a civil commitment hearing, they are ordered to be civilly committed to the state hospital for a longer period of time. It is not uncommon for compliance with the *Jackson* ruling to be met this way, as the purpose of the confinement shifts from restoration to treatment for other purposes. Almost all of the responding states indicated they sometimes (21 states) or frequently (12 states) have unrestorable IST defendants who are civilly committed to their state psychiatric hospitals after a commitment hearing determines they meet their state's civil commitment criteria. (See **Graph 23**.) Once a defendant is civilly committed to a state psychiatric hospital, they can be kept as long as other patients who are civilly committed, and restoration services are no longer needed.⁷⁴ From a bed use perspective, this means that the person's length of stay may be longer than for the restoration period itself.

With beds occupied at state hospitals by forensic patients, civil patients, and civil patients who were once forensic patients, IST defendants might need to wait for inpatient

⁷¹ Fitch (2014); Miller (2003); Parker (2012); Pinals (2005).

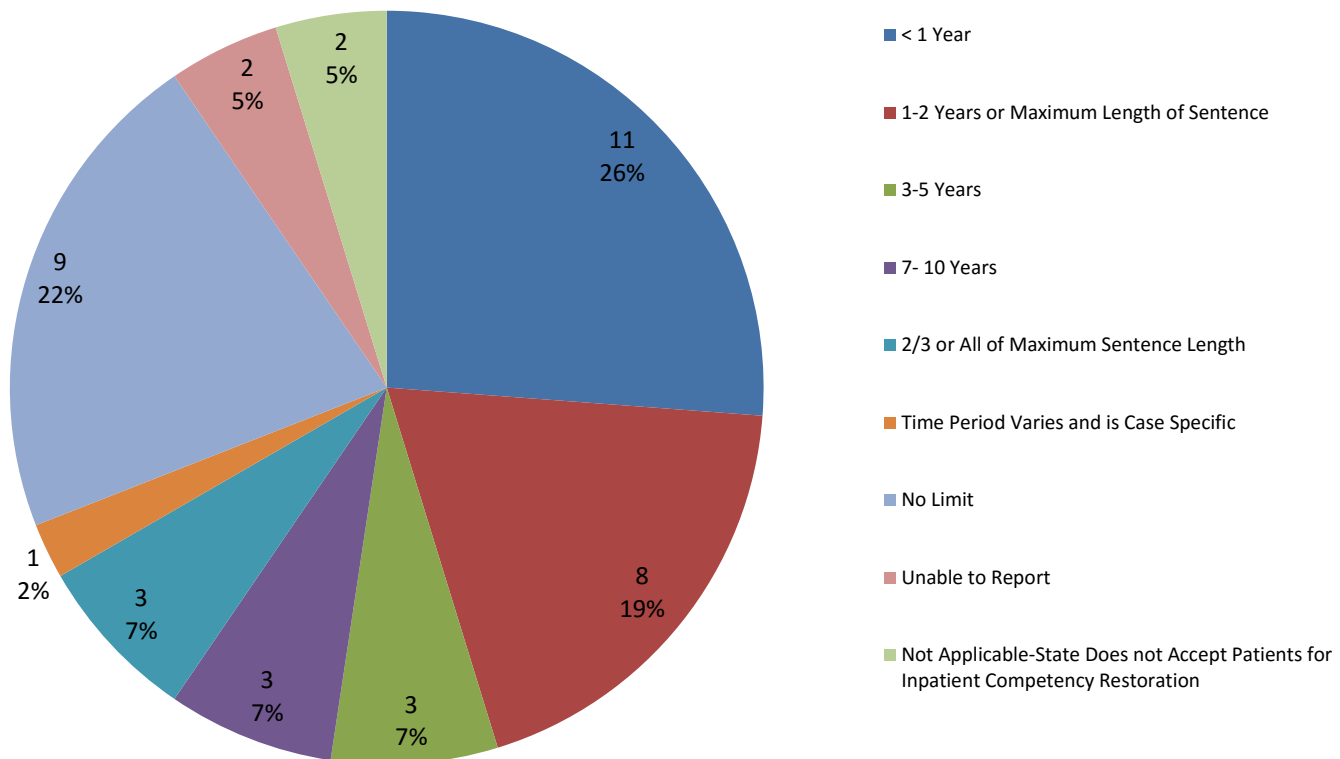
⁷² Fitch (2014); Levitt, Vora, Tyler, Arenzon, Drachman & Ramos (2010); Morris (2014); Pinals (2005); PCG Health (2016).

⁷³ Fitch (2014); Miller (2003); Parker (2012); Pinals (2005).

⁷⁴ Fitch (2014); Parker (2012).

Graph 20: Length of Time State Psychiatric Hospitals have to Restore Forensic Patients, 2016

Based on the 37 Responding States



Note: 5 states were coded twice since it was impossible to differentiate between the times for felons and misdemeanants for those states. Percentages are based on 42 responses.

Sources: 2017 NRI Inpatient Forensic Services Study

admission for competency restoration services, just as civil patients might need to wait for admission. States are increasingly pressured to admit patients, and attention to “waitlists” is common.

Two states reported having average wait times of less than 7 days, four states have average wait times between 8 and 28 days, and eight states have average wait times of 29 to 90 days. Two of the responding states had average wait times that ranged from 91 days (approximately three months) to one year. Only one state reported an average wait time that exceeded one year. (See *Graph 21*.) Just as with average competency evaluation waitlist waits, these average wait times may vary based on how a state defines the waiting period. The reported average wait time for admission to a state hospital for competency restoration services may only take into account how long defendants are currently waiting for an inpatient bed rather than the average time that it takes for them to be admitted to the state psychiatric hospital.

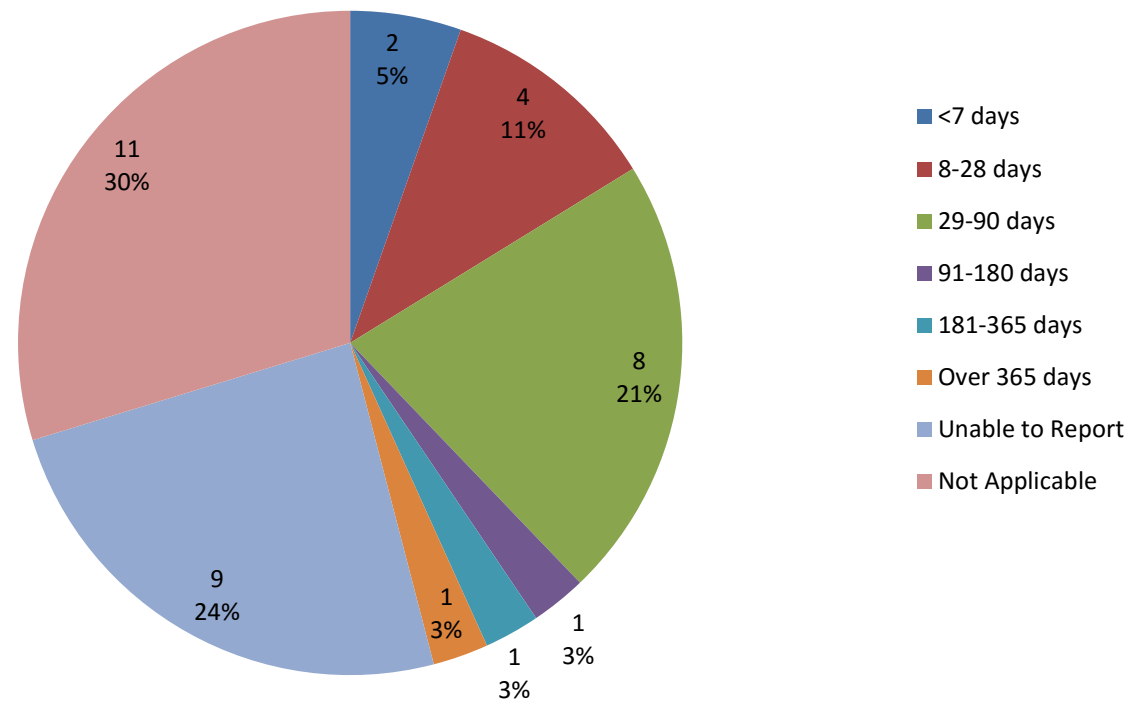
Results from the questionnaire indicate that states are trying to reduce their average wait times by diverting IST defendants from state psychiatric hospitals, especially those that have been charged with less serious crimes, by implementing outpatient competency restoration programs and jail-based competency restoration programs.⁷⁵ Even though states are attempting to divert patients, only seven states have seen a shift in the number of IST patients going to providers outside the state hospital system for competency restoration services. All seven states noted they have shifted to conducting restoration services on an outpatient basis in order to try reduce the number of IST patients requiring admission to the state psychiatric hospitals, especially patients who do not require the intense level of care that is provided in the inpatient setting. Out of the remaining 30 states, 15 states have not seen a shift, and 15 states indicated that this question was not applicable to them because their competency restoration services are conducted primarily on an inpatient basis.

Twenty of the 37 responding states indicated they had been threatened with or held in contempt. Based on the responses, it appears the length of time that IST patients awaited admission to the states’ psychiatric hospitals for inpatient competency restoration services was a major factor in why 11 states had faced contempt charges. The states that had been threatened with or held in contempt had used a variety of methods to try to reduce their wait times for competency restoration services. Those methods included developing outpatient competency restoration programs, developing jail-based competency restoration programs, developing outreach programs, building new beds in the state psychiatric hospitals, hiring more forensic staff members, and revising the admission process (*e.g.*, making it more centralized and/or developing new prioritization standards), as well as building partnerships among mental health and criminal justice agencies.

⁷⁵ Colorado Department of Human Services (2015); Fitch (2014); Hogg Foundation for Mental Health (2016); Nobles & Randall (2014); PCG Health (2016); Washington Behavioral Health Administration (2017).

Graph 21: Average Duration of Time Forensic Patients are on State Psychiatric Hospital Waitlists for Admittance for Inpatient Competency Restoration Services, 2016

Based on the 37 Responding States



Sources: 2017 NRI Inpatient Forensic Services Study

In summary, there was an overall 72 percent increase in the number of IST patients receiving competency restoration services on a given census day between 1999 and 2014 (based on 26 states reporting). IST patients can wait for admission to state psychiatric hospitals for long periods of time. Even though new programs are being developed to serve IST patients outside state hospitals, many state hospitals are still responsible for providing a majority of the competency restoration services. However, in recent years states have attempted to develop more programs to reduce their waitlists. Some of these recent changes are a result of states being threatened with or held in contempt by the court system. Nonetheless, states are trying to bring about new changes to address the population of individuals found IST and awaiting restoration services. Although these programs appear to be too new to have a visible impact, it is possible that over the next few years they will help reduce the number of forensic defendants—specifically IST defendants—on the waitlist for inpatient services.

4. Not Guilty By Reason of Insanity (NGRI)

The number of not guilty by reason of insanity (NGRI) and guilty but mentally ill (GBMI) patients in each state were totaled together in order to create one new category labeled “NGRI”. The decision to do this was made after the analyst found out that very few states had data on GBMI forensic patients. This reflects the fact that few states utilize the GBMI verdict,⁷⁶ and in those that do have a GBMI law, defendants found GBMI are incarcerated in the prison system and only transferred to state hospitals under limited circumstances.⁷⁷ And through communications with state representatives, examination of data in the State Profiling Systems database, and analysis of the questionnaire, it was discovered that some states do not keep records that differentiate between NGRI and GBMI. The new category was labeled “NGRI” since there were very few instances where states had GBMI patients who could be added to the NGRI patient numbers.

Graph 22 depicts the national trends for NGRI patients in all 50 states plus the District of Columbia. For 2002, the data for this forensic status was unreliable. The median that was calculated was dramatically higher compared to the median derived for all other years. This may be because several states reported a higher number of NGRI patients for 2002 and also because more states reported numerical values for 2002 compared to 1999 and 2002. Ultimately, the national average and median suggest that the number of NGRI patients present on the census day in 2014 (average: 140 patients; median: 53 patients) is lower than the number of NGRI patients present on the census day in 1999 (average: 162 patients; median: 63 patients) but not by much.

Graph 23 depicts the results from the surveys of the 24 states that provided numerical values for the NGRI forensic status for all eight years. While the median and average in

⁷⁶ Using the questionnaire, as well as data from the NRI State Profiling System, it was determined that only 14 states had the GBMI law.

⁷⁷ McGraw Bradley, Farthing-Capowich & Keilitz (1985).

Graph 23 depict a slight increase in the number of NGRI patients present on the census days examined over the 1999 to 2014 time period, it is likely due to the higher numbers in California than for any other state. California was removed from the subsequent graph to facilitate an easier comparison of the states located towards the bottom of **Graph 23**. (See **Graph 24**.) The data shown in **Graph 24** indicated that 16 states had a higher number of NGRI on the census day examined in 2014 then on the census day examined in 1999. Six states (Missouri, Ohio, Maryland, Washington, Colorado, and Connecticut) had a lower number of NGRI on the census day examined in 2014 then on the census day examined in 1999. (See **Graph 24**.)

Graph 25 standardizes the values so that the states can be compared with one another. Out of the 24 states examined in Graph 25, the states with the largest changes are Maryland, Missouri, Alabama, Colorado, Washington, and New Jersey. These states have dramatic fluctuations over the 1999 to 2014 time period. **Graph 25** appears to indicate that 11 states had an increase in the number of NGRI patients present on the census days examined in 1999 and 2014, ten states had a decrease in the number of NGRI patients present on the census days examined on 1999 and 2014, and three states had the same number of NGRI present on the census days examined in 1999 and 2014. (See **Graph 25**.)

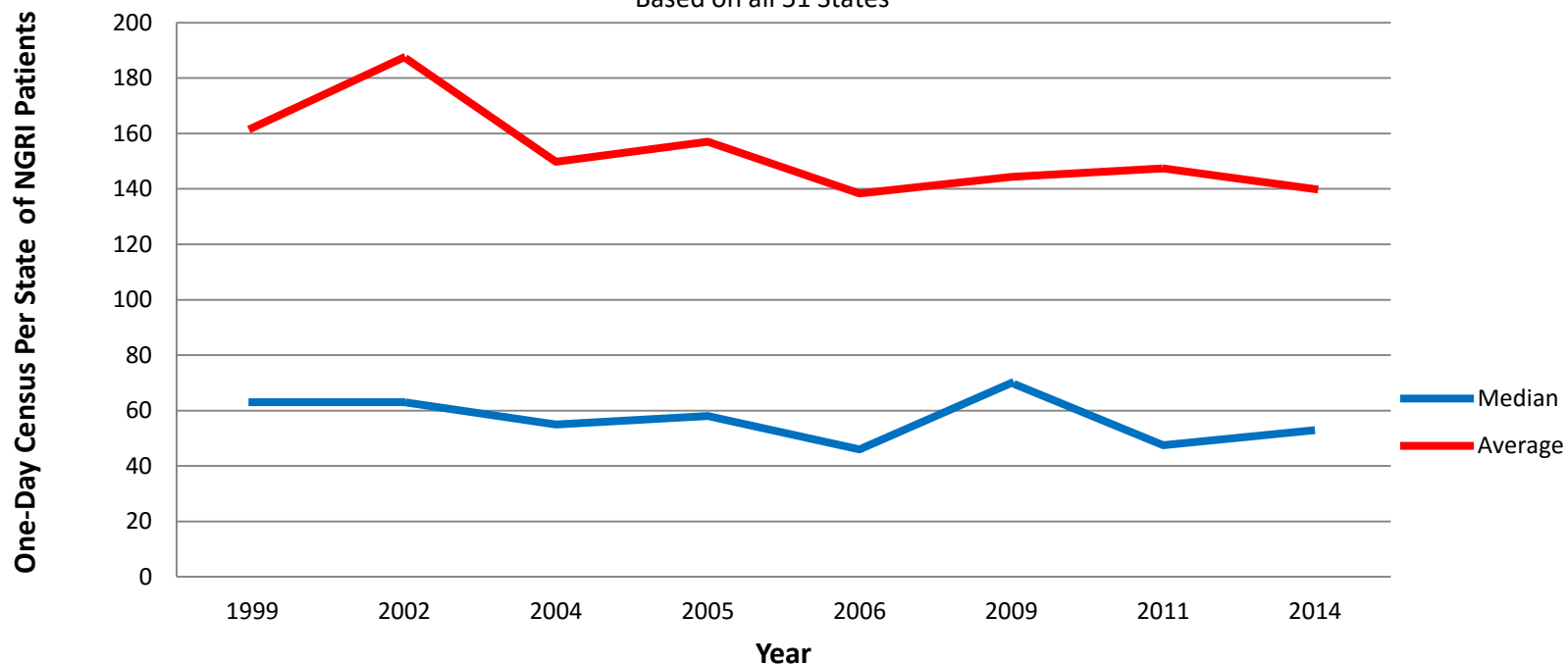
Graph 26 looks at the percent changes for 27 states with numerical values for 1999, 2005, and 2014 (31 states had data but four states were removed). (See **Graph 26** and *Appendix for details*.) Of the 27 states reporting, 17 states had increases in the number of NGRI patients present on the census days examined for 1999 and 2005. Out of these 17 states, Arizona and Pennsylvania had the highest increases. Eight states (Colorado, District of Columbia, Missouri, Nebraska, Ohio, Oklahoma, Virginia, and Washington) had a decrease in the number of NGRI patients present on for a given day for the 1999 and 2005 time period. (See **Graph 26**.)

In the 2005 to 2014 time period, 14 out of the 27 states had a decrease in the number of NGRI patients present on the census days examined, and 12 states had increases in the number of NGRI patients present on the census days examined. (See **Graph 26**.)

Eighteen of the 27 states experienced an increase in the number of NGRI patients present over the 1999 to 2014 time period. One state, Pennsylvania, had no change, and seven states had a decrease in the number of NGRI patients present on the census days examined. The states with the largest increases were Arizona and Texas. (See **Graph 26** and *Appendix*.) The state with the largest decrease over the 1999 to 2014 time period was Missouri at 54 percent. Since the number of NGRI patients in a state hospital at any given time are relatively low compared to other patient groups, small changes in NGRI patient census can result in large percent changes, so these results should be interpreted with caution. (See **Graph 26**.)

Graph 22: One-Day Census Per State NGRI Patients at State Psychiatric Hospitals, 1999- 2014

Based on all 51 States

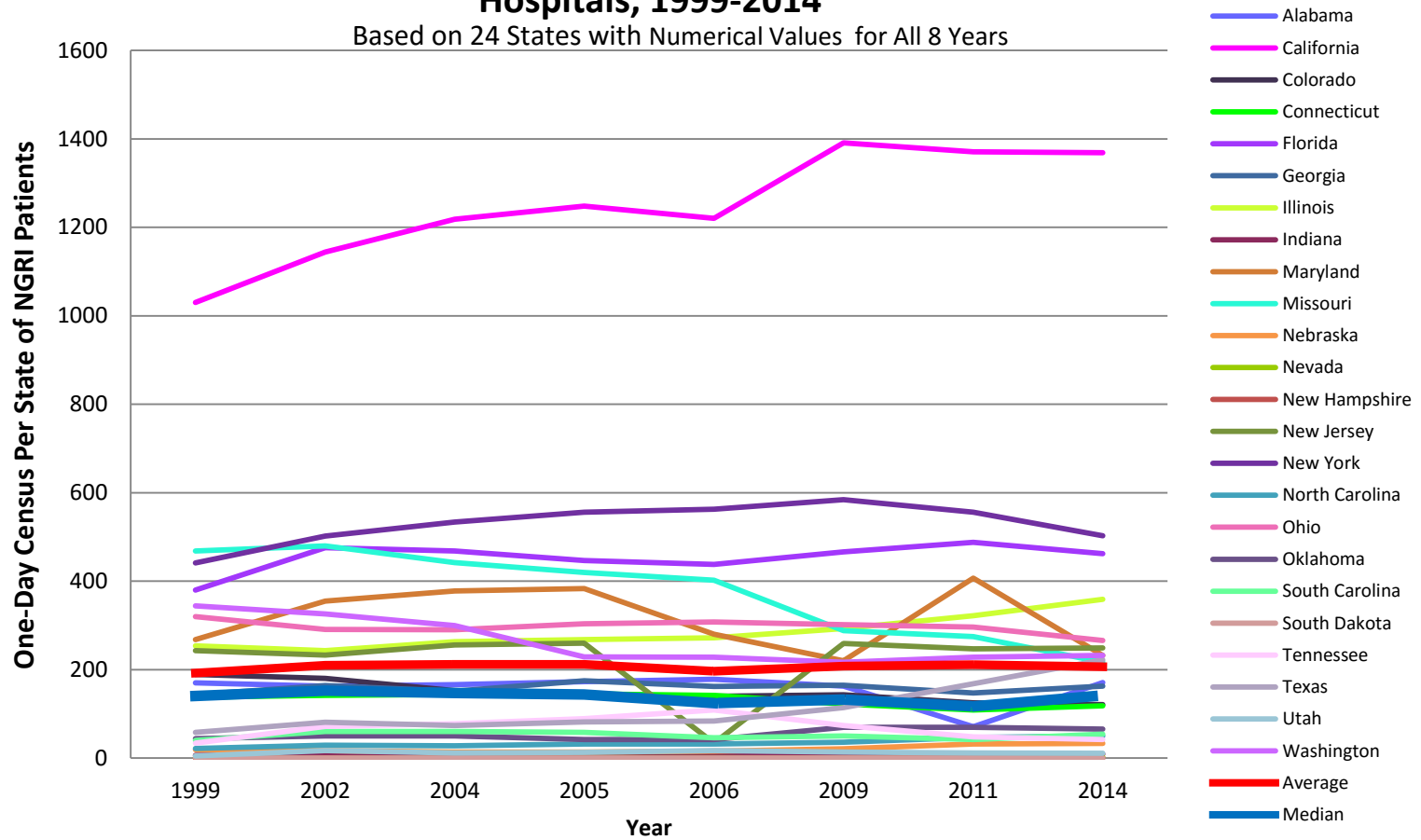


Note: A higher number of states reported in 2002 than in 1999 and 2004. The median for 2002 was 142. The median for 2002 was dramatically higher than the medians for all other years. As a result, the median from 1999 was used for 2002 in this graph. Therefore, the median for 2002 should be interpreted with caution.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 23: One-Day Census Per State of NGRI Patients at State Psychiatric Hospitals, 1999-2014

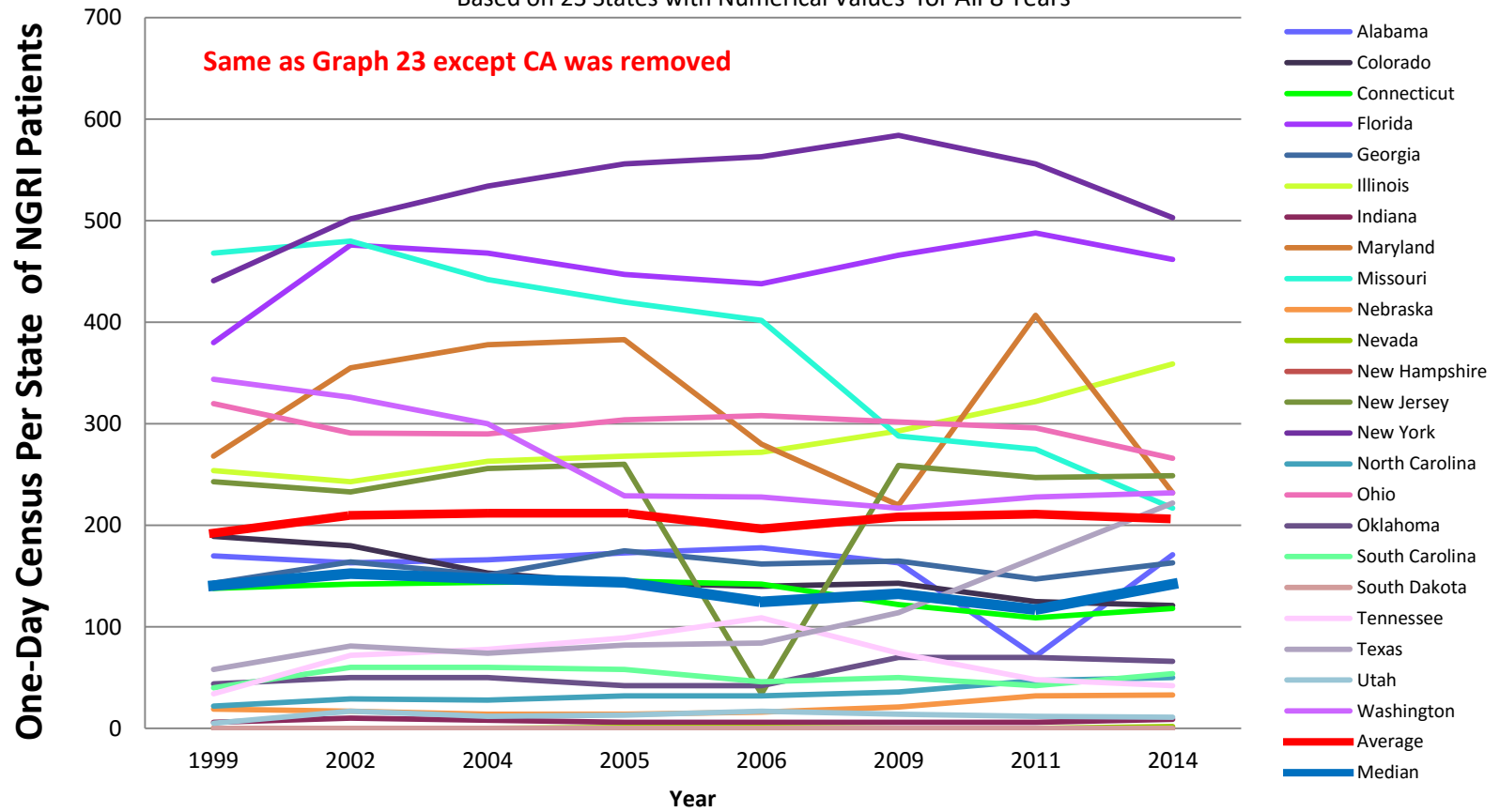
Based on 24 States with Numerical Values for All 8 Years



Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 24: One-Day Census Per State of NGRI Patients at State Psychiatric Hospitals, 1999-2014

Based on 23 States with Numerical Values for All 8 Years

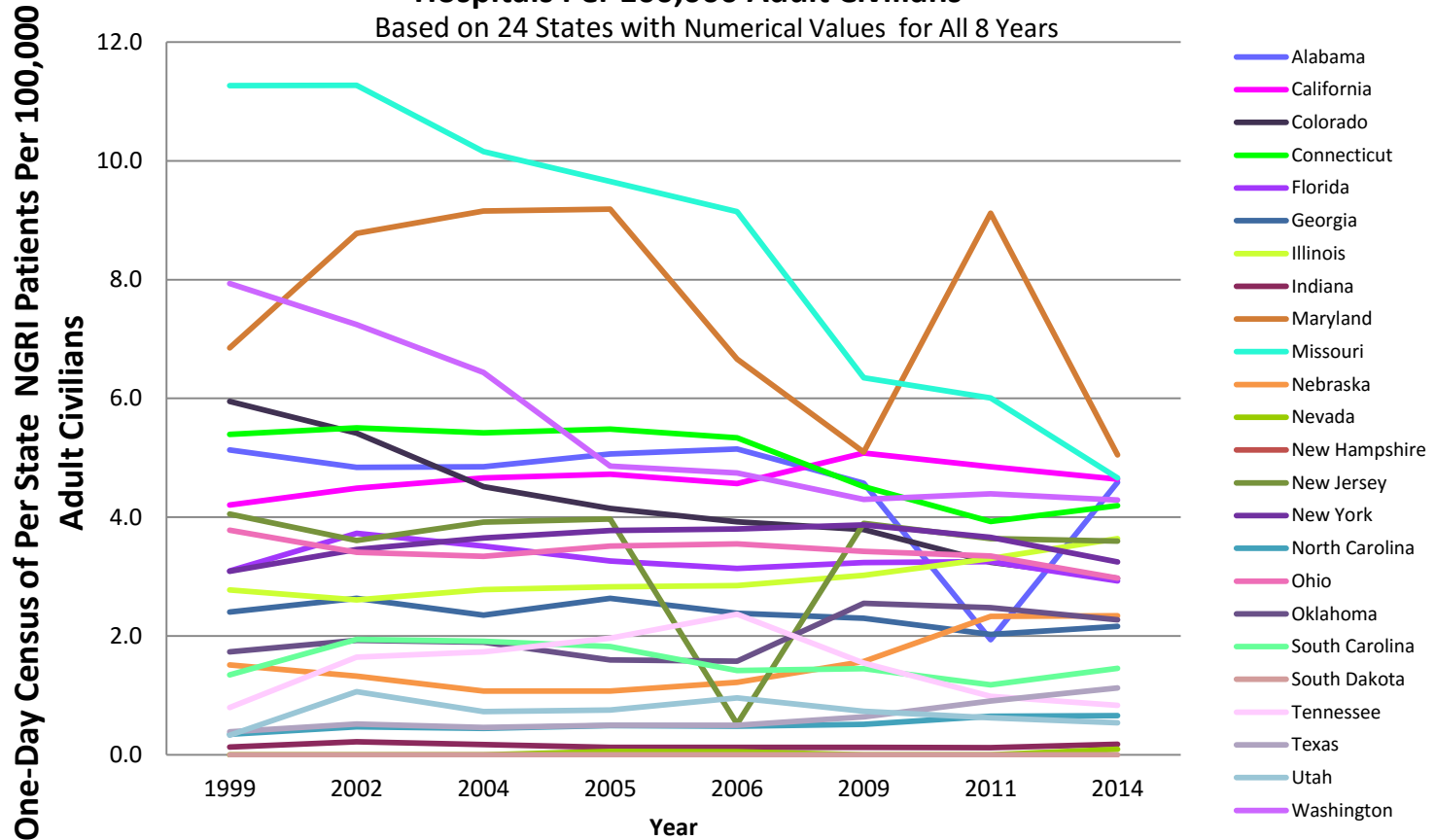


Notes: CA was removed from this graph.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 25: One-Day Census Per State of NGRI Patients at State Psychiatric Hospitals Per 100,000 Adult Civilians

Based on 24 States with Numerical Values for All 8 Years



Notes: MD went from a rate of 7 NGRI patients per 100,000 in 2005 to 5 per 100,000 in 2006 to 9 per 100,000 in 2009 to 5 per 100,000 in 2011.
 NJ went from a rate of 4 per 100,000 in 2005 to 1 per 100,000 in 2006 to 4 per 100,000 in 2009.
 AL went from a rate of 5 per 100,000 in 2009 to 2 per 100,000 in 2011 to 5 per 100,000 in 2014.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

The total percent change calculation conducted on all 31 states suggests that, overall, the NGRI population had a very small increase over the 1999 to 2014 time period. The total percent change calculations suggest there was a nine percent increase between 1999 and 2005, a three percent decrease between 2005 and 2014, and a six percent increase between

While the NGRI/GBMI population present on the census days that were examined in 1999 and 2014 has increased, the increase is minimal (based on data from 31 states).

1999 and 2014. (See **Graph 26**.) Ultimately, while the NGRI population present on the census days that were examined in 1999 and 2014 increased, the increase was minimal.

Data for 2016 appears follow this trend. In 2016, the admission rates for NGRI were very low. Out of the 37 states that responded to the survey, 30 reported admitting NGRI patients. All 30 states

had an admission rate below five per 100,000 adult civilians. The District of Columbia had the highest admission rate (2.7 per 100,000). Nebraska, Maryland, Wisconsin, and Hawaii also had rates of admission close to two per 100,000 adult civilians. A median admission rate was derived from the 30 states that had admission rates greater than zero per 100,000. For NGRI patients, the median admission rate was 0.5 per 100,000. (See **Graph 27**.)

In recent years, however, this number has begun to slowly decline. This can be seen when the 2005 to 2014 time period is examined in **Graph 26**. The slight decreases in the number of NGRI present on the census days examined between 2005 and 2014 in some states may be a result of conditional release provisions being used to reduce the number of NGRI patients at the state psychiatric hospitals. Of the 33 states that responded to the questionnaire, 28 reported they have provisions for conditional release of NGRI patients. NGRI patients who remain in the state hospitals tend to stay there for a long period of time.^{78, 79, 80, 81}

⁷⁸ Marques J.K., Haynes R.L. & Nelson C., Forensic Treatment in the United States: A Survey of Selected Forensic Hospitals. Forensic Treatment at Atascadero State Hospital, *Forensic International Journal of Law and Psychiatry* 16: 57-70 (1993).

⁷⁹ Niez H., *Whiting Forensic Division*. Hartford, CT: Office of Legislative Research (2000), <https://www.cga.ct.gov/2000/rpt/2000-R-0704.htm>.

⁸⁰ Wack R.C., Forensic Treatment in the United States: A Survey of Selected Forensic Hospitals: Treatment Services at Kirby Forensic Psychiatric Center, *International Journal of Law and Psychiatry*, 16: 83-104 (1993).

⁸¹ Fitch (2014); Texas Legislative Budget Board Staff (2013); Steadman, Monahan, Hartstone, Davis & Robbins (1982).

5. Civilly Committed Sex Offenders

Sex offenders can be civilly committed to state psychiatric hospitals in all states. But, according to data from the NRI State Profiling System and the NASMHPD 2014 survey of forensic services, 20 states and the District of Columbia commit some sex offenders under special commitment laws.⁸² States that have special sex offender commitment laws are able to civilly commit sex offenders to state psychiatric hospitals once they have served their sentence (or are found to be NGRI or IST and are no longer committable under those applicable laws). These commitment laws are different from ordinary commitment laws; many of these individuals may not have a serious mental illness. Instead, they are generally committed under a provision of having a “mental abnormality” of some type.

While states did provide data on the number of sex offenders present within their state hospitals, analyzing this information was complex for multiple reasons. First, as noted above, not all states have a sex offender commitment law.⁸³ Another reason coding data on sex offenders is complex is that not all sex offenders are committed to state psychiatric hospitals. Out of the 37 states that responded to the survey, nine states reported they sometimes civilly commit (voluntarily or involuntarily) sex offenders to their state psychiatric hospitals after they have served their sentence, 11 indicated they rarely civilly commit sex offenders to their state psychiatric hospitals, and 14 reported they never civilly commit sex offenders to their state psychiatric hospitals.

States may commit their sex offenders to other facilities for treatment.⁸⁴ These facilities may or may not be run by the SMHA.⁸⁵ When the information was collected from the states, the states were only asked to report on the number of civilly committed sex offenders in their state psychiatric hospitals and were not asked to report the number of sex offenders present with, or admitted to, other facilities. This may have resulted in an undercount of these individuals in the reported data. (*See Appendix.*)

For the few states that reported having sex offenders present within their state psychiatric hospitals on a given census day, the sex offenders remained at these hospitals for long periods of time. This is not surprising since previous research suggests that, in the states that have sex offender commitment laws, relatively few sex offenders who are committed to state psychiatric hospitals are discharged each year.⁸⁶ This is because not all states allow for civilly committed sex offenders to be conditionally released. Even within the states that allow for the conditional release of sex offenders committed under a sex offender law, very few sex offenders are, in fact, conditionally released.⁸⁷ Additionally, research indicates that the sex offenders who are committed under a sex offender law and selected to be conditionally released, still remain within the state psychiatric hospitals for three years or more before being released.⁸⁸ Ultimately, a separate study would need to be conducted in order to account for the nuances between and within states regarding their civilly committed sex offender population (being treated within and outside of the state psychiatric hospitals).

⁸² Fitch (2014); McLawsen, Scalora & Darrow (2012).

⁸³ Fitch (2014).

⁸⁴ Fitch (2014); Fitch & Hammen (2003).

⁸⁵ Fitch (2014).

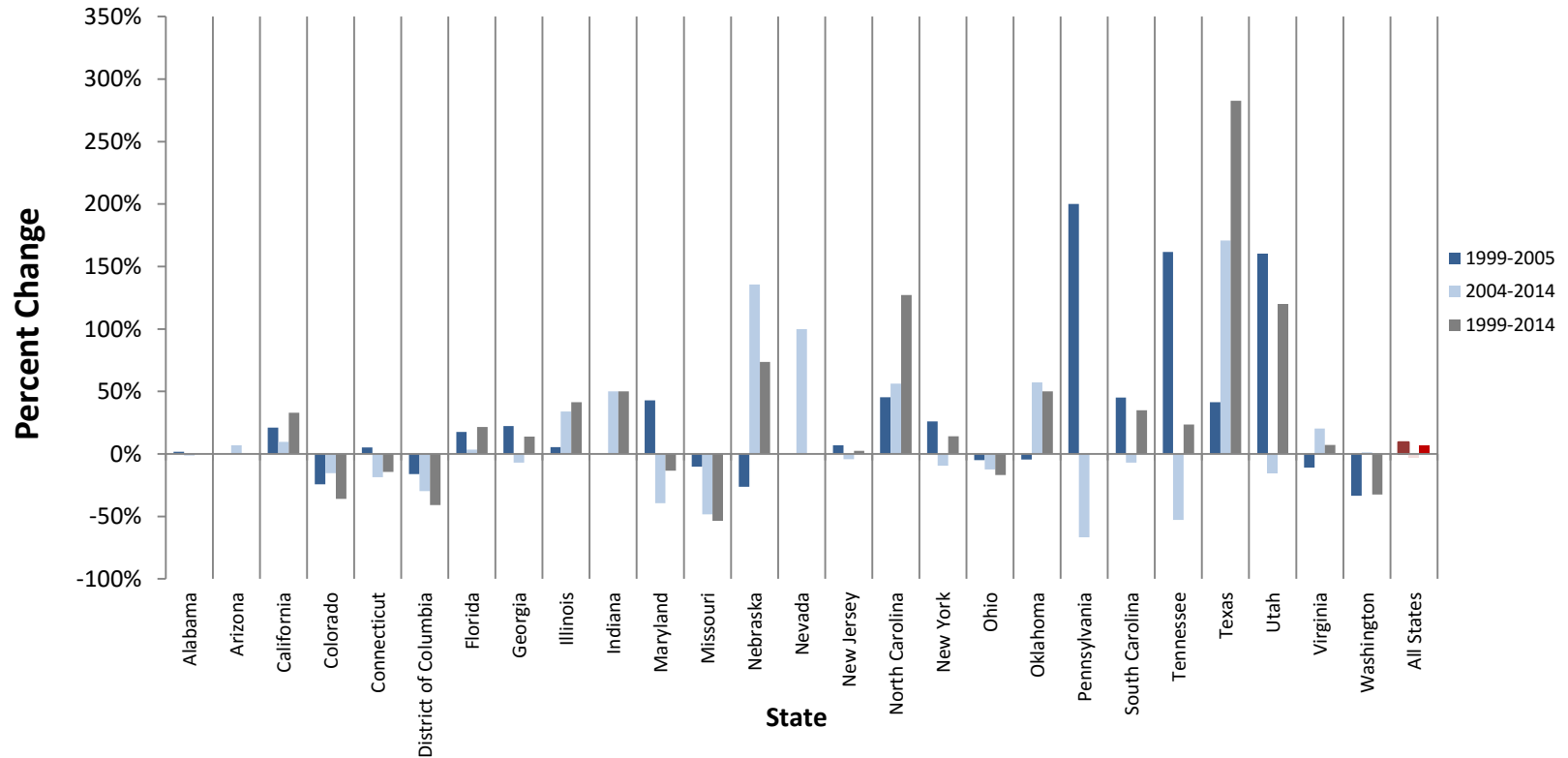
⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

Graph 26: Percent Change in the Inpatient NGRI Population, 1999-2014

Based on the 27 States with Numerical Data for 1999, 2005, and 2014

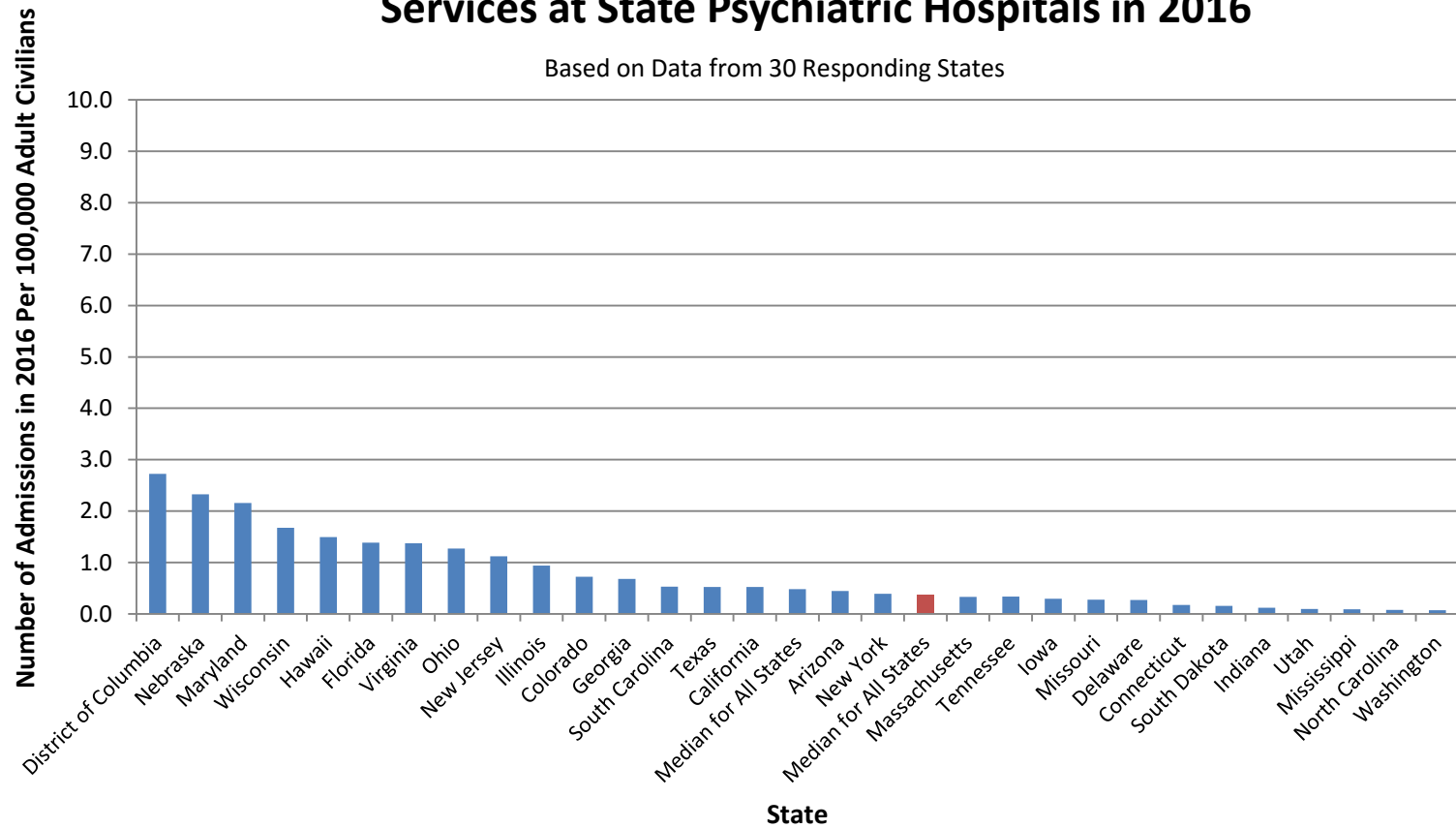


***Notes:** 31 states had numerical data for these years, Several states (NH, NM, and SD) were removed since they reported having 0 NGRI or GBMI patients in 1999, 2005, and 2014. MA was removed (See Appendix for Data). NM reported 0 NGRI patients for each of the census days observed for 1999, 2005, and 2014. AZ had a percent change of 360% in 1999-2005 and 394% for 1999-2005.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 27: Rate of Admission of NGRI Patients for Inpatient Services at State Psychiatric Hospitals in 2016

Based on Data from 30 Responding States



Notes: 34 states reported admission rates. NH, NM, MN, MA were removed because they had an admission rate of 0 per 100,000. MI, NV, and PA did not report, or did not have data available for 2016. Therefore, the data for these states are missing.

Sources: 2017 NRI Inpatient Forensic Services Study

6. State Prisoner and Jail Detainee Transfers

Few states reported having state prison or jail detainee transfers. For state prison transfers, only 11 states reported having state prison transfers for all of the years that were examined. Among these states, California had the highest number of state prison transfers. (See Appendix.) For jail detainee transfers 8 states reported having multiple jail detainees for the years that were examined. (See Appendix.) The results

The number of state prison transfers and the number of jail detainee transfers remained low over the 1999 to 2014 time period.

for the number of prison and jail transfers (whether as pre-trial detainees or sentenced individuals), present on a given census day were inconclusive. The admission rates for both of these forensic status categories were relatively low. Based on the results, these transfers occur, but it appears that the number of prison and jail transfers remained low over the 1999 to 2014 time period.

It is possible that the reason that states report very few state or jail transfers is because it is hard to track these individuals. This could partially be due to the fact that these defendants may fall under multiple forensic status categories (e.g., IST and jail transfer). States may have removed duplicate cases (e.g., the defendant was coded as IST, not as both IST and a jail transfer). This could influence the number of state and jail transfers reported by the states. Additionally, it is possible that these defendants are admitted to another facility that provides treatment, but is run by the Department of Corrections. Ultimately, it is hard to draw any conclusions from the results since very few states reported having state prison transfers or jail detainee transfers present within their state psychiatric hospitals.

7. Other Types of Forensic Patients

The last status category was developed to capture any forensic patient that may be present at a state psychiatric hospital but does not fall into any of the previous forensic status categories. The types of patients who were placed into this category vary dramatically. When forensic patients placed under “other” could be recoded into a designated forensic category, recoding was completed; however this was not always possible because numerical values were not always indicated for discrete groups (e.g., other category had “unrestorable-incompetent to stand trial and jail transfers” but only one total value was provided) or the category was vague (e.g., the other category had “violation or revocation of conditional release” but did not specify if this referred to IST, NGRI, or civilly committed sex offenders). Few states reported numbers in the “Other Forensic” category.

The fact that some of these other forensic patients fit into some of the other designated forensic status categories, makes drawing conclusions from this group even more complex. Based on the low number of states that recorded admitting other types of forensic patients, as well as the low number of other types of forensic patients in states

that do admit them, the authors of this paper were unable to draw conclusions regarding this population.

8. Expenditures for Inpatient Forensic Services

Over the course of the period 2004 to 2015, states have seen an increase in the percent of spending on forensic patients, as well as on sex offenders. In contrast, the percent that state psychiatric hospitals are spending on civil patients has decreased since 2004 since more civil patients are being served in outpatient and other community-based settings.⁸⁹ In 2004, states spent 28 percent of their inpatient services budget on forensic patients. This was less than half the 68 percent that was spent on civil patients.

Furthermore, while data show that only three percent of the average state budget was dedicated to sex offenders, some states included expenditures for this group under the forensic category, so the percentage of expenditures for sex offenders may actually be higher. (See *Graph 28*.) In 2015, the percent of the inpatient services budget spent on forensic patients was slightly higher than in previous years (2004-2014) at 37 percent. The percent spent on sex offenders also increased to six percent in 2015, while the percent spent on civilian patients dropped to 56 percent. (See *Graph 28*.)

In order to determine how much the budget has changed over the years, all states' expenditures were summed and percent change calculations were computed for 2005 to 2010, 2010 to 2015, and 2005 to 2015. (See *Graph 29*.) The results indicate that, between 2005 and 2010, there was a 19 percent increase in the percent spent on forensic patients, a 69 percent increase in the percent spent on sex offenders, and a 14 percent increase in the percent spent on civilian patients. The percent change calculations for 2010 to 2015 indicate that there was a 24 percent increase in the percent spent on forensic patients, a 37 percent increase in the percent spent on sex offenders, and a five percent increase in the percent spent on civilian patients. This suggests that even though there was an increase in the percent spent for each category, that more of the cost was being accrued by the forensic and sex offender populations.

While the percent change in expenditures for the civil population is not as dramatic as the forensic or sex offender populations, it's likely due to the fact that fewer civil patients are being admitted to state hospitals and are being served instead in community-based programs. (See *Graph 30*.) The 2005 to 2015 time period saw a dramatic 132 percent increase in the percent spent on sex offenders. This was double the percent change for forensic patients (48 percent) and six times higher than the percent change seen for civilian patients (21 percent). The results from the percent change calculations suggest that an increasing amount of money is being spent on sex offenders rather than forensic and civilian patients. This is probably due to the fact that sex offenders tend to stay for a longer period of time and are more costly to house.⁹⁰ Even when sex offenders are removed from the equation, states are spending a larger percentage of their inpatient

⁸⁹ Lutterman T., Shaw R., Fisher W. & Manderscheid R., *Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014*, National Association of State Mental Health Program Directors, Alexandria, VA (2017).

⁹⁰ Fitch (2014).

services budget on forensic patients than on civil patients, and this likely reflects the census of hospitals data showing an increasing proportion of forensics accounting for budgetary expenditures.

IST and NGRI patients make up a majority of the forensic population seen at the state psychiatric hospitals on a given day. (See **Graph 31**.) Previous research studies have found that IST and NGRI patients tend to remain in state psychiatric hospitals over long periods of time.⁹¹ As the number of IST and NGRI patients present on a given census day within state psychiatric hospitals increased over the years, so did the amount being spent on forensic patients. Therefore, the results from **Graph 29** and **Graph 30** suggest that state psychiatric hospitals are spending a large proportion of their money on providing inpatient services to forensic patients, particularly IST and NGRI patients.

Conclusion

As mentioned in the introduction, persons seen in the mental health system under a forensic status represent a population of focus with unique needs. This study's findings indicate that the public perception about the increased presence of persons seen under these status categories, particularly in the resource intensive settings of state psychiatric hospitals, is well founded. The growth of the forensic population can be attributed in part to an increased number of referrals and, for some categories of patients, long lengths of stay.

State respondents stressed they had waitlists for their forensic populations. In some states, litigation and the threat of litigation has been driven by the amount of time taken to admit forensic patients. The data reported by the states suggests that a large proportion of their state psychiatric hospitals' forensic populations is composed of patients who have been found by a court to be incompetent to stand trial (IST) and requiring restoration services. NGRI patients also account for a large proportion of the forensic population. The rise in the number of IST patients being admitted to state psychiatric hospitals and the proportion of beds occupied by the forensic population has led to an increase in the rate of expenditures for them.

The data presented here raises a number of important questions that need to be addressed. It is important to remember that the issues examined here do not exist in a vacuum, but are instead the result of factors in play within local criminal justice systems, the judiciary, the bar, and the mental health system itself. For example, in states where the rates of referrals have increased, what factors are driving those increases? Is there increased concern among some members of the judiciary that competency issues deserve greater attention than they have traditionally received?

Are the criminal courts seeing more defendants who appear to be affected by symptoms of mental illness? If the answer to that question is "yes," it suggests that many of the diversion efforts that have become so ubiquitous, particularly those focusing on misdemeanants, are not entirely keeping defendants out of the justice system. And if this is the case, are judges using inpatient competency evaluations as a form of jail diversion?

⁹¹ (Fitch (2014); Texas Legislative Budget Board Staff (2013); Marques, Haynes & Nelson (1993); Niez (2000); Steadman, Monahan, Hartstone, Davis & Robbins (1982); Wack (1993).

To answer these questions, further inquiries should be made that focus on both the referral and restoration process. Additionally, it may be beneficial to work with judicial officials within the states to define where there can be common goals and then develop shared strategies.

Readers should keep in mind that states vary regarding the availability and accessibility of their resources for forensic patients.⁹² Thus, it is not surprising that the results of the study suggest that some states have experienced significant increases in the number of individuals present in their state psychiatric hospitals on a given census day under a forensic status, while others have not, despite using similar hospital-based approaches.

The diversity amongst the states was evident within the questionnaire portion of the survey. The responses suggested that states are implementing, or have already implemented, a broad variety of approaches to address the demand for forensic services within their state psychiatric hospitals. For instance, many of the states that responded to the survey indicated they are using outpatient services for pre-trial evaluations and are trying to develop outpatient competency restoration programs in order to address the needs of IST patients in alternative settings, taking into account that defendants also may not need the security of jail if they do not pose a criminal type of public safety risk. This may be especially fruitful as, historically, the hospital has been the default placement.

Now, defendants deemed to be not dangerous due to mental illness may be eligible for placement in an alternative setting, especially if it is determined that the individual does not require the level of care provided at the inpatient level.^{93, 94, 95} Nonetheless, the availability and accessibility of a state's resources will influence the programs that a state (and/or a jurisdiction within a state) can offer, what services can be provided within that program, and whether or not the program can be sustained.⁹⁶ More finely-tuned comparisons of states' approaches to managing the population of defendants with mental illnesses would be beneficial. It would also be useful to compare how the population is managed before they enter the court system (e.g., how the courts, local criminal justice agencies and mental health systems interact to affect the size of forensic populations). The information gleaned from these inquiries could assist states witnessing increases in their forensic populations and expenditures, as well those that have been or are at risk of being held in judicial contempt by courts.

⁹² Fisher, Geller & Pandiani (2009); Levitt (2010); Nobles & Randall (2016); PCG Health (2016).

⁹³ *Forensic Hospital Diversion Pilot Program*, Florida Senate Committee on Children Family, and Elder Affairs, Tallahassee, FL (2010), <https://www.flsenate.gov/UserContent/Session/2011/Publications/InterimReports/pdf/2011-106cf.pdf>.

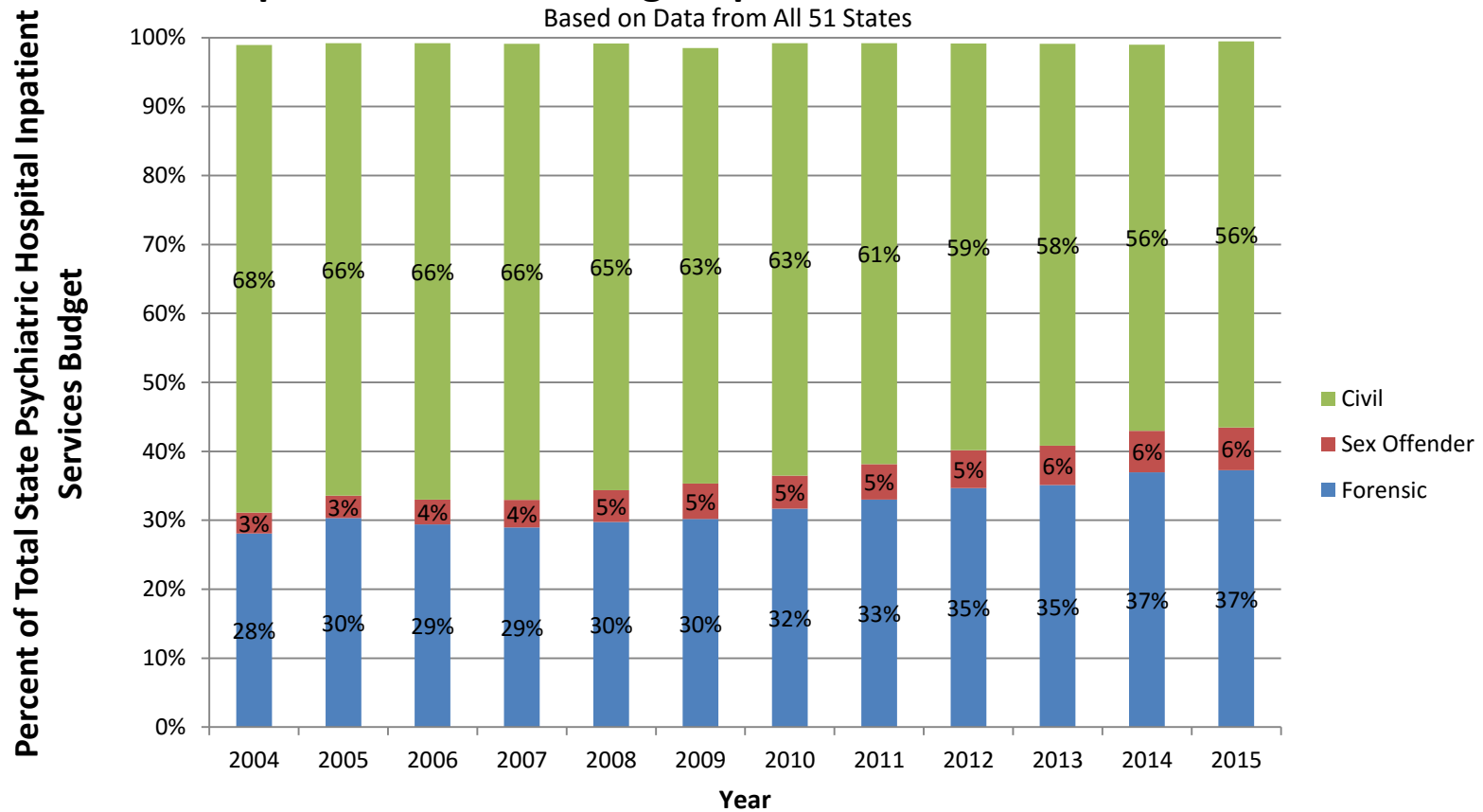
⁹⁴ Taylor M., *An Alternative Approach: Treating the Incompetent to Stand Trial*, California Legislative Analyst's Office, Sacramento, CA (2012), <http://www.lao.ca.gov/reports/2012/hlth/ist/incompetent-stand-trial-010312.pdf>.

⁹⁵ Colorado Department of Human Services (2015); Fitch (2014); Hogg Foundation for Mental Health (2015); Washington State Department of Social and Health Services (2017).

⁹⁶ (Fisher, Geller & Pandiani (2009); Levitt (2010); PCG Health (2016).

Graph 28: Percent of United States State Psychiatric Hospital Inpatient Services Budget Spent on Services, 2004-2015

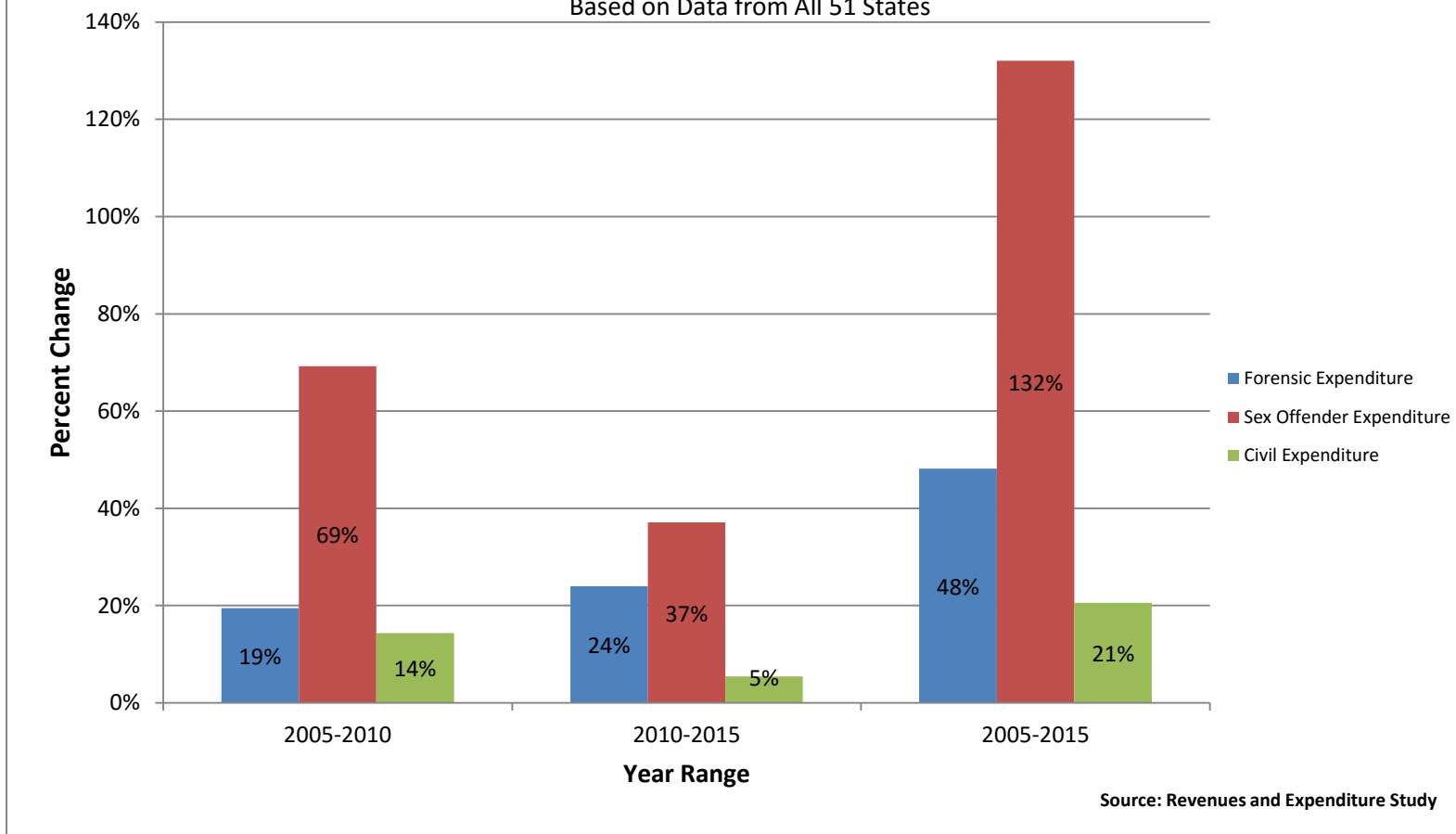
Based on Data from All 51 States



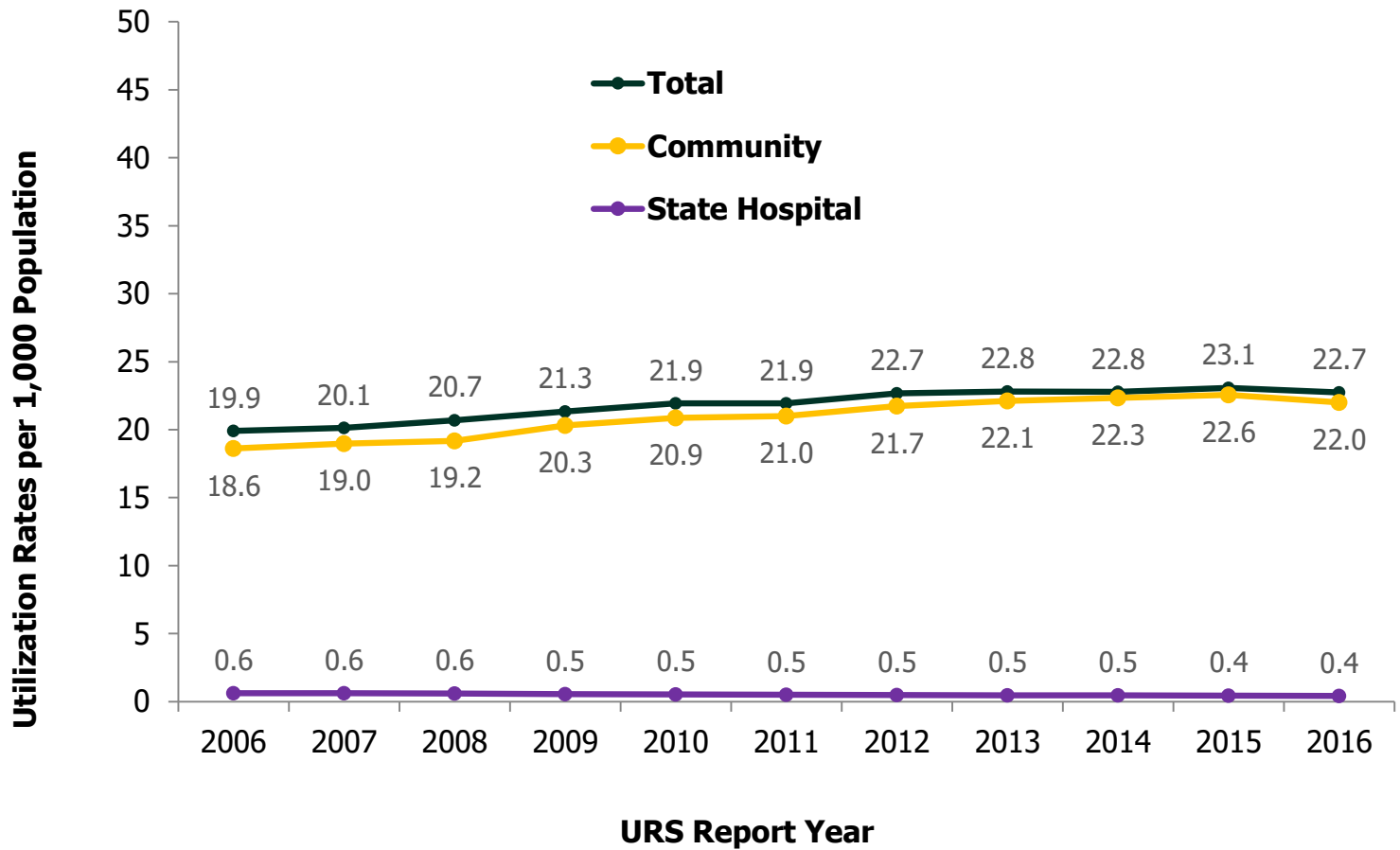
Source: State Revenues and Expenditure Study

Graph 29: Percent Change for Inpatient Service Expenditure: All States

Based on Data from All 51 States



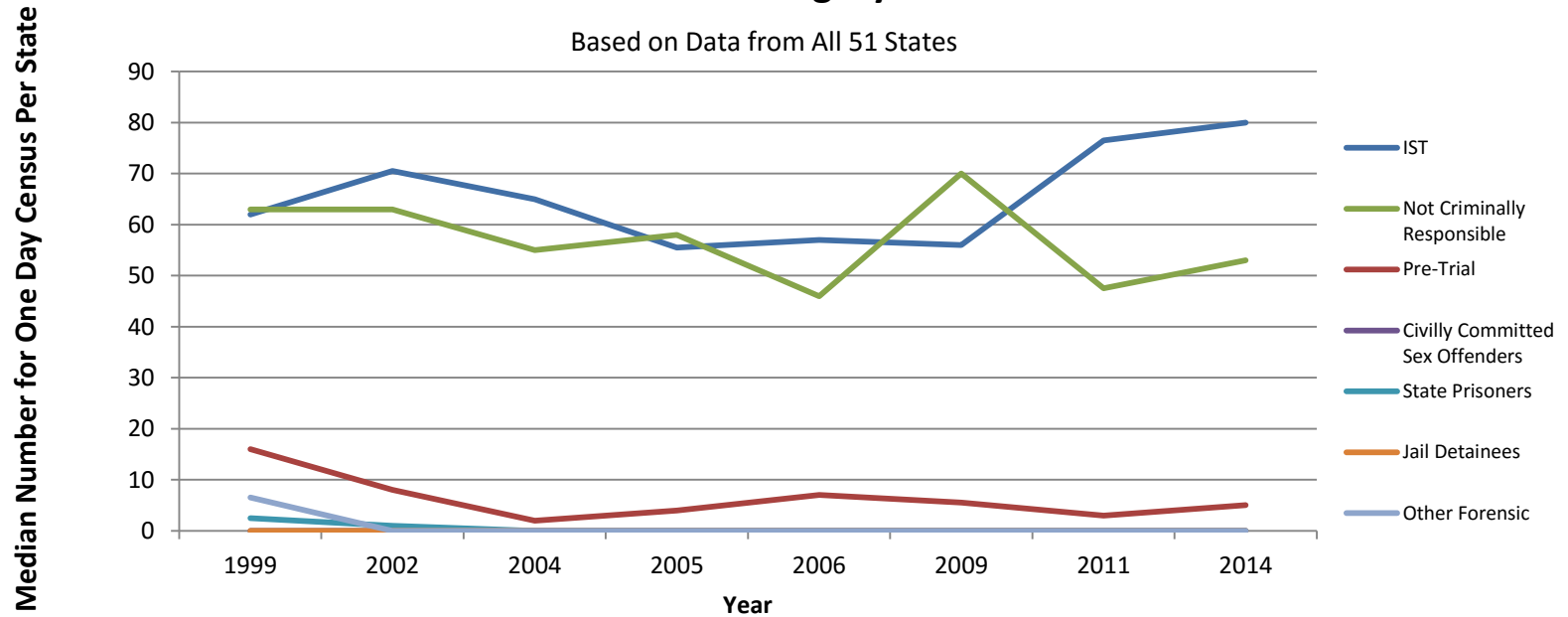
Graph 30: Utilization Rates (per 1,000 population) of Services: 2006 to 2016



Source: Uniform Reporting Survey

Graph 31: The National Median for the One Day Census Per State of Forensic Patients in State Psychiatric Hospitals from 1999-2014 by Forensic Category

Based on Data from All 51 States



Note: A higher number of states reported in 2002 than in 1999 and 2004. The median for 2002 was 142. The median for 2002 was dramatically higher than the medians for all other years. As a result, the median from 1999 was used for 2002 in this graph. Therefore, the median for 2002 should be interpreted with caution. For Sex Offenders, Florida was included when calculating the mean. In Florida, Civilly Committed Sexual Offenders are not considered "forensic" patients. This should be taken into consideration when examining the results.

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Limitations

Our study, of course, has limitations. Some states were unable to respond to the survey due to the competing demands of their state systems. How the data from those states might have influenced the results from this study cannot be determined. The information that was provided by the reporting states also contains its own nuances. Questions can be interpreted in multiple ways. The way that a respondent interpreted and responded to a survey question, in itself, poses its own constraints.

For instance, states were asked what types of defendants are admitted by their state psychiatric hospitals for inpatient competency to stand trial evaluations as well as for competency restoration services. A few states indicated they accepted only felons, but this result should be taken with caution. Most states accept both misdemeanants and felons for inpatient competency to stand trial evaluations and/or competency restoration services. In some states, policies have been enacted that provide the option for misdemeanants, especially those that are not deemed to be dangerous, to have competency to stand trial evaluations and/or competency restoration services that are administered outside of the state psychiatric hospital system (e.g. outpatient providers).⁹⁷ It is possible that respondents in states that heavily use these alternative programs may have coded themselves as only accepting felons because they rarely accept misdemeanants. This does not mean that their state psychiatric hospitals are unable or unwilling to accept misdemeanants.

It is also possible that respondents had different interpretations of what was meant by “civilly committed sex offender” and, as a result, who should be included under this forensic status. In some states, civilly committed sex offenders are not considered forensic patients. Communications with state representatives suggested that states that code their civilly committed sex offenders as non-forensic patients were sometimes unsure as to whether or not they should code these patients under the “civilly committed sex offender” status or under the “other” forensic status. If sex offenders were admitted under a sex offender commitment law, the analyst tried to make sure they were coded under the “civilly committed sex offender” status.

The “other forensic” status category presented its own complexities. A variety of different types of patients were entered under this category. It was not uncommon for the description of the forensic patients included in this status to include individuals who could have been coded under one of the six forensic status categories that data had been requested on. In some instances, it was difficult, if not impossible, for the analyst to separate these patients out of the “other forensic” status and into the appropriate category. The results for this category could not be drawn because the numbers were too low and some of the “other” status categories could not be categorized or re-coded (when applicable). It is unknown how this forensic category could have impacted the results of

⁹⁷ Colorado Department of Human Services (2015); Florida Senate (2010); Hogg Foundation for Mental Health (2015); Taylor (2012); Washington State Department of Social and Health Services (2017).

the study. Future research should develop more intensive protocols for collected and coding “other forensic” data.

The ability to make comparisons amongst the states is also limited by the time period that was referred to during the data collection process. For each forensic status category, states were asked to use the fiscal year (*e.g.*, Fiscal Year 2014 fiscal) when providing the number of forensic patients present on a given day for a given year. States’ fiscal year beginning and ending dates vary. Therefore, the numbers that were reported for each state does not (necessarily) reflect the exact same census day for every state. It is also possible that states used the calendar year when pulling the required survey information.

Additionally, the census day that was examined changed between 2011 and 2014. (*See Survey Section in Appendix for details.*) This limits the comparisons that can be made between the numbers reported for 2014 and the numbers reported for the years prior to 2014. While these limitations do not negate the findings of this study, these issues need to be considered when interpreting the results.

States have different data collection methods and require different information for their records. It should be noted that the data collection methods used within a state may also change over time because of new policies that were implemented within the state and/or the appointment of new state officials. For example, if a new Forensic Director was hired in 2014, he/she may implement new policies or strategies which influence how information on forensic patients in state hospitals is collected and/or defined in 2015 and 2016.

Differences between and within states can create issues when examining and comparing data. For instance, depending on how a state psychiatric hospital maintains its records, as well as how the state decided to submit its information, the numbers that were reported for each forensic status could include duplicate cases. It is not uncommon for a forensic patient to be in multiple status categories (*e.g.*, both IST and a transfer from jail). State psychiatric hospitals vary on how they handle the coding of these patients.

This variation occurs even within a state, as states may have individual hospital-based data collection that is not consolidated for the state as a whole. This can lead to two issues. First, the dataset may contain both duplicated and non-duplicated cases. State psychiatric hospitals may or may not code forensic patients as belonging to multiple forensic status categories. Since the data presented in this paper is based on information for the entire state, it is impossible to determine which state hospitals included cases where a forensic patient was coded multiple times and which did not. As a result, it is unknown how the coding for each of the state’s psychiatric hospitals affected the overall state picture.

The second issue is that we do not know how the states that provided unduplicated cases prioritized their information. In other words, we do not know how a state would code someone who was found IST and was transferred from jail to receive restoration services; would the patient be coded as an IST patient or a jail detainee transfer? This is problematic since states may vary on what status categories they think should be prioritized when trying to provide unduplicated data. These limitations should be kept in mind when trying to examine individual state data, as well as when trying to make comparisons between states.

The analyst reviewed and cleaned the data as much as possible. Cleaning data, while helpful, creates additional limitations. For this reason, the analyst tried to limit making changes to the data unless there was evidence that the changes were appropriate.

For instance, some data had been entered by the state respondents or by the State Profiling Systems data enterer as “NA”. The analyst tried to determine if “NA” meant Not Applicable or Not Available. If the analyst could find evidence suggesting that the “NA” meant not applicable then the analyst entered that data as zero. To illustrate, a state may have had “NA” because they do not accept a certain type of patient so the data could have been entered as zero. If the analyst was unable to find any information verifying what “NA” meant, the response was left as “NA”. This process may have led to states being excluded from analyses that should not have been. Conversely, it is possible that data cells that were left blank or that were entered as zero were really “unknown” or “not available”. This could explain some of the dramatic declines seen in some of the line graphs. The declines may be a result of coding issues as opposed to actual declines in the forensic population.

Lastly, the data submitted by the states was based on adult forensic patients. This means that the results of the study cannot be generalized to all forensic patients because information was not collected on forensic patients under the age of 18. To account for this, the rate and capacity calculations used data on adults when standardizing the information. For the rate calculations, the calculations were conducted using each state’s total adult (18 years and older) civilian population. This allowed for the exclusion of children and military personnel from the state’s population number.

However, using the adult civilian data can be problematic. A state’s adult civilian population is smaller than its total population. Using this smaller value to calculate rate per 100,000 could lead to the rates being larger than if the value for the state’s entire population was used. For the capacity calculations, the calculations were conducted using URS data on the number of adults residing at the state’s psychiatric hospitals on a given census day during the year. This information from the URS was used as a proxy for number of adult beds.

While the limitations of the study do not negate its findings, all of the limitations mentioned above could impact the results of the study. Caution should be used when interpreting the results.

Appendix

State Level Data Tables

Missing Data- All Years

States with Numerical Data for <u>All Years</u> Examined: Line Graph Calculations Based on All 51 States			
Forensic Status	1996-2006-2016	199-2006-2016	1999-2005-2014
Total Adult Forensic	19	22	28
IST	17	20	23
NGRI	17	20	23
GBMI	19	21	23
Pre-Trial Evaluations	16	19	20
State Prison Transfers	19	21	23
Jail Detainee Transfers	13	15	16
Civilly Committed Sex Offenders	15	18	22
Other Forensic	15	17	18

States with Numerical Data for <u>All Years</u> Examined: Line Graph Calculations Based on 37 Responding States			
Forensic Status	1996-2006-2016	199-2006-2016	1999-2005-2014
Total Adult Forensic	19	22	25
IST	17	20	22
NGRI	17	20	21
GBMI	19	21	21
Pre-Trial Evaluations	16	19	20
State Prison Transfers	19	21	22
Jail Detainee Transfers	13	15	16
Civilly Committed Sex Offenders	15	18	20
Other Forensic	15	17	18

Missing Data- Three Points in Time (Percent Change Calculations)

States with Numerical Data at <u>3 Points In Time</u>: Percent Change Calculations based on All 51 States			
Forensic Status	1996-2006-2016	199-2006-2016	1999-2005-2014
Total Adult Forensic	25	27	37
IST	20	23	29
NGRI	20	24	30
GBMI	23	26	30
Pre-trial Evaluations	19	24	25
State Prison Transfers	21	24	28
Jail Detainee Transfers	17	18	20
Civilly Committed Sex Offenders	18	21	27
Other Forensic	20	22	25

States with Numerical Data at <u>3 Points In Time</u>: Percent Change Calculations based on 37 Responding States			
Forensic Status	1996-2006-2016	199-2006-2016	1999-2005-2014
Total Adult Forensic	25	27	31
IST	20	23	27
NGRI	20	24	27
GBMI	23	26	27
Pre-trial Evaluations	19	24	25
State Prison Transfers	21	24	26
Jail Detainee Transfers	17	18	20
Civilly Committed Sex Offenders	18	21	23
Other Forensic	20	22	23

Total Adult Forensic One-Day Census Data - All States

One-Day Census Per State for Adult Forensic Patients, 1999-2014: All States								
State	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	226	208	204	210	239	208	115	291
Alaska	15	Not Reported	10	N/A	Not Reported	23	10	10
Arkansas	64	Not Reported	80	80	83	130	123	1648
Arizona	137	Not Reported	158	144	Not Reported	231	122	223
California	3121	2631	4064	3702	4290	5346	5626	5783
Colorado	278	262	249	260	272	292	286	314
Connecticut	217	236	227	237	246	226	209	215
District of Columbia	249	205	Unknown	318	207	168	175	188
Delaware	Not Reported	21	33	27	39	40	40	33
Florida	1080	1232	1326	1184	1674	1970	1873	2093
Georgia	312	453	468	563	590	624	596	610
Hawaii	109	145	155	165	171	175	175	203
Iowa	Unknown	NR	Unknown	Unknown	Unknown	89	Unknown	Unknown
Idaho	Not Reported	Not Reported	No Answer provided	Unknown	Unknown	16	11	15
Illinois	688	639	735	767	809	899	1017	1213
Indiana	134	205	220	224	252	247	231	149
Kansas	Not Reported	Not Reported	231	197	350	340	369	448
Kentucky	124	60	93	Not Reported	76	65	70	52
Louisiana	406	504	305	186	305	452	Not Reported	Not Reported
Maine	Not Reported	Not Reported	40	43	43	46	48	54
Maryland	426	542	599	583	551	607	676	733
Massachusetts	266	193	248	82	101	125	109	161
Michigan	Not Reported	Not Reported	214	Not Reported	209	396	362	211
Minnesota	169	Not Reported	515	605	683	886	994	1042
Missouri	657	733	705	743	783	781	726	732
Mississippi	31	Not Reported	35	28	28	29	27	46
Montana	Not Reported	Not Reported	Not Reported	58	68	57	47	59
Nebraska	30	41	64	79	76	95	114	118
Nevada	40	45	48	59	58	63	57	128
New Hampshire	0	0	0	0	0	0	0	0

New Jersey	433	338	423	444	200	525	748	546
New Mexico	64	58	71	54	138	Not Reported	Not Reported	50
New York	943	933	990	995	1056	1161	1204	1269
North Carolina	156	144	174	142	142	180	179	239
North Dakota	Not Reported	Not Reported	33	Not Reported	146	146	70	58
Ohio	666	652	673	660	672	664	613	694
Oklahoma	176	173	170	167	179	184	167	170
Oregon	376	Not Reported	365	442	790	444	410	424
Pennsylvania	380	183	194	225	384	221	235	493
Rhode Island	17	20	18	22	22	Not Reported	Not Reported	Not Reported
South Carolina	188	227	251	242	267	286	312	405
South Dakota	3	11	7	7	7	2	10	6
Tennessee	165	159	194	174	222	148	99	182
Texas	332	480	560	603	671	832	876	1112
Utah	45	92	74	72	96	98	100	99
Vermont	Not Reported	23	23	Not Reported	7	14	Not Reported	Not Reported
Virginia	446	Not Reported	394	412	416	465	713	806
Washington	519	559	515	421	427	420	392	410
West Virginia	49	63	62	62	67	90	126	132
Wisconsin	219	Not Reported	913	948	Not Reported	580	337	647
Wyoming	32	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	26
Total	13988	12470	17130	16636	18112	21086	20799	24540
Average	350.8	360.6	391.5	398.7	413.7	460.6	489.3	513.4
Median	217.0	199.0	220.0	224.0	209.0	226.0	220.0	213.0

Note: “No Answer Provided” indicates that a state did not provide data for this specific status for this particular year.

“Unknown” or “Not Available” indicates that the data could not be accessed by the state.

“Not Reported” indicates that the state did not provide data for the entire year.

Total Adult Forensic One-Day Census Percent Change - States with Numerical Values for 1999, 2005, and 2014

Total Forensic Census for 1999, 2005, and 2014						
State	Year			Percent Change		
	1999	2005	2014	1999 to 2005	2005 to 2014	1999 to 2014
Alabama	226	210	291	-7%	39%	29%
Arizona	137	144	223	5%	55%	63%
Arkansas	64	80	1648	25%	1960%	2475%
California	3121	3702	5783	19%	56%	85%
Colorado	278	260	314	-6%	21%	13%
Connecticut	217	237	215	9%	-9%	-1%
District of Columbia	249	318	188	28%	-41%	-24%
Florida	1080	1184	2093	10%	77%	94%
Georgia	312	563	610	80%	8%	96%
Hawaii	109	165	203	51%	23%	86%
Illinois	688	767	1213	11%	58%	76%
Indiana	134	224	149	67%	-33%	11%
Maryland	426	583	733	37%	26%	72%
Massachusetts	266	82	161	-69%	96%	-39%
Minnesota	169	605	1042	258%	72%	517%
Missouri	657	743	732	13%	-1%	11%
Mississippi	31	28	46	-10%	64%	48%
Nebraska	30	79	118	163%	49%	293%
Nevada	40	59	128	48%	117%	220%
New Hampshire	0	0	0			
New Jersey	433	444	546	3%	23%	26%
New Mexico	64	54	50	-16%	-7%	-22%
New York	943	995	1269	6%	28%	35%
North Carolina	156	142	239	-9%	68%	53%
Ohio	666	660	694	-1%	5%	4%
Oklahoma	176	167	170	-5%	2%	-3%
Oregon	376	442	424	18%	-4%	13%
Pennsylvania	380	225	493	-41%	119%	30%
South Carolina	188	242	405	29%	67%	115%
South Dakota	3	7	6	133%	-14%	100%
Tennessee	165	174	182	5%	5%	10%

Texas	332	603	1112	82%	84%	235%
Utah	45	72	99	60%	38%	120%
Virginia	446	412	806	-8%	96%	81%
Washington	519	421	410	-19%	-3%	-21%
Wisconsin	219	948	647	333%	-32%	195%
West Virginia	49	62	132	27%	113%	169%
All States	13394	16103	23574	20%	46%	76%
Median	219	237	314			
Average	362	435	637			

**Total Adult Forensic Rates per 100,000 Adult Civilians -
States with Numerical Values for 1999-2014**

One-Day Census Per State of Total Number of Adult Forensic Patients, 1999-2014								
	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	226	208	204	210	239	208	115	291
California	3,121	2,631	4,064	3,702	4,290	5,346	5,626	5,783
Colorado	226	208	204	210	239	208	115	291
Connecticut	217	236	227	237	246	226	209	215
Florida	1,080	1,232	1,326	1,184	1,674	1,970	1,873	2,093
Georgia	312	453	468	563	590	624	596	610
Hawaii	109	145	155	165	171	175	175	203
Illinois	688	639	735	767	809	899	1,017	1,213
Indiana	134	205	220	224	252	247	231	149
Maryland	426	542	599	583	551	607	676	733
Massachusetts	266	193	248	82	101	125	109	161
Missouri	657	733	705	743	783	781	726	732
Nebraska	30	41	64	79	76	95	114	118
Nevada	40	45	48	59	58	63	57	128
New Jersey	433	338	423	444	200	525	748	546
New York	943	933	990	995	1,056	1,161	1,204	1,269
North Carolina	156	144	174	142	142	180	179	239
Ohio	666	652	673	660	672	664	613	694
Oklahoma	176	173	170	167	179	184	167	170
Pennsylvania	380	183	194	225	384	221	235	493
South Carolina	188	227	251	242	267	286	312	405
South Dakota	3	11	7	7	7	2	10	6
Tennessee	165	159	194	174	222	148	99	182
Texas	332	480	560	603	671	832	876	1,112
Utah	45	92	74	72	96	98	100	99
Washington	519	559	515	421	427	420	392	410
West Virginia	49	63	62	62	67	90	126	132
Adult Civilian Population, 1999-2014								
	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	3310446	3367587	3424329	3415672	3457720	3563708	3662046	3726890
California	24501941	25500939	26142343	26405567	26698510	27367687	28259839	29496381

Colorado	3177044	3322974	3390666	3493795	3567730	3770144	3853311	4073356
Connecticut	2557792	2580476	2657283	2642985	2659430	2702723	2774309	2813652
Florida	12283486	12760368	13322023	13687822	13954235	14407273	15015065	15770224
Georgia	5954362	6220214	6422057	6642180	6799344	7171442	7250275	7538231
Hawaii	878220	905517	919716	942691	953311	967291	1032690	1063904
Illinois	9158208	9323612	9453131	9471216	9539175	9699106	9736146	9865054
Indiana	4504723	4562976	4636108	4674891	4715158	4829321	4913197	5011856
Maryland	3910942	4043102	4129546	4167833	4203572	4318347	4464078	4596736
Massachusetts	4847708	4959957	4947936	4961089	4981414	5154431	5190794	5349320
Missouri	4153926	4258941	4353299	4349925	4394646	4536157	4576051	4653169
Nebraska	1253717	1282284	1305191	1301127	1310888	1338132	1374328	1408164
Nevada	1480440	1592235	1721764	1781813	1842608	1951264	2046857	2163958
New Jersey	5997177	6454401	6534022	6549442	6576728	6650668	6780799	6916436
New York	14278716	14520990	14630644	14721490	14796441	15093731	15183488	15491177
North Carolina	6321650	6147967	6322555	6474992	6607749	7001804	7265080	7550095
Ohio	8458130	8534039	8672178	8653082	8678413	8818705	8839729	8946035
Oklahoma	2536569	2595976	2638222	2631551	2664895	2746163	2826505	2905323
Pennsylvania	9354471	9467358	9565152	9533935	9586176	9821770	9973465	10079376
South Carolina	2967197	3090720	3136488	3178711	3241789	3439970	3555971	3705611
South Dakota	458771	561859	576226	580599	588778	608830	616381	639204
Tennessee	4274395	4375382	4492385	4526572	4599801	4783324	4885806	5033198
Texas	14871550	15556396	16101165	16401811	16805081	17769097	18589169	19716732
Utah	1510842	1597709	1643150	1723808	1776153	1909664	1928239	2033523
Washington	4336464	4499394	4660383	4711162	4803132	5044050	5190309	5405882
West Virginia	1404936	1411812	1429839	1414944	1418772	1431627	1468077	1468917

One-Day Census Per State of Total Number of Adult Forensic Patients Per 100,000 Adult Civilian Population, 1999-2014

	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	7	6	6	6	7	6	3	8
California	13	10	16	14	16	20	20	20
Colorado	7	6	6	6	7	6	3	7
Connecticut	8	9	9	9	9	8	8	8
Florida	9	10	10	9	12	14	12	13
Georgia	5	7	7	8	9	9	8	8
Hawaii	12	16	17	18	18	18	17	19
Illinois	8	7	8	8	8	9	10	12
Indiana	3	4	5	5	5	5	5	3

Maryland	11	13	15	14	13	14	15	16
Massachusetts	5	4	5	2	2	2	2	3
Missouri	16	17	16	17	18	17	16	16
Nebraska	2	3	5	6	6	7	8	8
Nevada	3	3	3	3	3	3	3	6
New Jersey	7	5	6	7	3	8	11	8
New York	7	6	7	7	7	8	8	8
North Carolina	2	2	3	2	2	3	2	3
Ohio	8	8	8	8	8	8	7	8
Oklahoma	7	7	6	6	7	7	6	6
Pennsylvania	4	2	2	2	4	2	2	5
South Carolina	6	7	8	8	8	8	9	11
South Dakota	1	2	1	1	1	0	2	1
Tennessee	4	4	4	4	5	3	2	4
Texas	2	3	3	4	4	5	5	6
Utah	3	6	5	4	5	5	5	5
Washington	12	12	11	9	9	8	8	8
West Virginia	3	4	4	4	5	6	9	9

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.

Total Adult Forensic Admissions – Responding States with Numerical Values for 2016

2016 Adult Forensic Admission Rates			
State	Total Adult Forensic	Adult Civilian Population for 2016	Rate per 100,000 Adult Civilians
Arizona	46	5187162	0.9
California	5953	29868217	19.9
Colorado	660	4164750	15.8
Connecticut	239	2819523	8.5
District of Columbia	302	550598	54.8
Delaware	41	737989	5.6
Florida	1970	16097744	12.2
Georgia	838	7647244	11.0
Hawaii	349	1072558	32.5
Idaho	143	1218232	11.7
Illinois	Not Available	9872939	
Indiana	216	5037478	4.3
Iowa	14	2393804	0.6
Maryland	640	4628343	13.8
Massachusetts	No Answer Provided	5402359	
Michigan	No Response	7711085	
Minnesota	184	4203014	4.4
Missouri	391	4676467	8.4
Mississippi	126	2250779	5.6
Montana	0	802815	4.4
Nebraska	137	1419307	9.7
Nevada	No Response	2210608	
New Hampshire	0	1064993	0.0
New Mexico	112	1576722	7.1
New Jersey	397	6950153	5.7
New York	1039	15559503	6.7
North Carolina	0	7648418	0.0
Ohio	1381	8976016	15.4
Pennsylvania	Not Available	10106273	
South Carolina	0	3763158	0.0

South Dakota	29	644083	4.5
Tennessee	518	5081001	10.2
Texas	2472	20139228	12.3
Utah	89	2078429	4.3
Virginia	1311	6401225	20.5
Washington	1061	5504598	19.3
Wisconsin	474	4473776	10.6
Median for all states			9.7

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.

Forensic Capacity at State Psychiatric Hospitals - States with Numerical Values for 2002-2014

One-Day Census Per State of Adult Forensic Population in State Psychiatric Hospitals							
	2002	2004	2005	2006	2009	2011	2014
Alabama	208	204	210	239	208	115	291
California	2,631	4,064	3,702	4,290	5,346	5,626	5,783
Connecticut	236	227	237	246	226	209	215
Delaware	21	33	27	39	40	40	33
Florida	1,232	1,326	1,184	1,674	1,970	1,873	2,093
Georgia	453	468	563	590	624	596	610
Hawaii	145	155	165	171	175	175	203
Illinois	639	735	767	809	899	1,017	1,213
Indiana	205	220	224	252	247	231	149
Maryland	542	599	583	551	607	676	733
Massachusetts	193	248	82	101	125	109	161
Missouri	733	705	743	783	781	726	732
Nebraska	41	64	79	76	95	114	118
Nevada	45	48	59	58	63	57	128
New Hampshire	0	0	0	0	0	0	0
New Jersey	338	423	444	200	525	748	546
New York	933	990	995	1,056	1,161	1,204	1,269
North Carolina	144	174	142	142	180	179	239
Ohio	652	673	660	672	664	613	694
Oklahoma	173	170	167	179	184	167	170
Pennsylvania	183	194	225	384	221	235	493
South Carolina	227	251	242	267	286	312	405
South Dakota	11	7	7	7	2	10	6
Tennessee	159	194	174	222	148	99	182
Texas	480	560	603	671	832	876	1,112
Utah	92	74	72	96	98	100	99
Washington	559	515	421	427	420	392	410
West Virginia	63	62	62	67	90	126	132
One-Day Census Per State of Patients 18 or Older in State Psychiatric Hospitals							
	2002	2004	2005	2006	2009	2011	2014
Alabama	1432	1111	1125	1160	1124	977	866
California	4458	4127	4920	5265	5144	5627	6213

Connecticut	585	589	608	653	650	527	524
Delaware	356	231	241	243	273	177	127
Florida	2444	4052	0	2347	3242	3252	2592
Georgia	1466	1779	1285	1498	1045	945	909
Hawaii	164	178	168	223	179	185	198
Illinois	1971	1394	1348	1376	1436	1663	573*
Indiana	1136	1002	1007	795	888	844	677
Maryland	1215	1036	1217	1157	1131	931	946
Massachusetts	0	1608	774	755	686	531	519
Missouri	1338	1264	1275	1127	1291	1185	1059
Nebraska	422	378	1124	436	294	300	284
Nevada	142	154	167	176	265	220	173
New Hampshire	181	166	178	189	171	133	140
New Jersey	2361	2250	2640	2644	2060	1763	1615
New York	5227	4992	4886	4721	4769	4344	3957
North Carolina	1598	1125	1054	948	639	657	573
Ohio	1132	1088	1085	1080	1048	1031	1046
Oklahoma	380	287	276	316	304	323	329
Pennsylvania	2922	3580	2309	2141	1760	1760	2495
South Carolina	876	656	605	622	466	596	597
South Dakota	233	216	202	211	184	171	176
Tennessee	511	679	686	807	783	538	531
Texas	2122	1946	1982	1973	2047	2011	2258
Utah	289	238	194	258	279	260	247
Washington	1591	926	1557	831	1310	1168	1134
West Virginia	1542	0	247	268	289	272	263
Percent of State Psychiatric Hospital(s) Utilized by Forensic Patients							
	2002	2004	2005	2006	2009	2011	2014
Alabama	14.53%	18.36%	18.67%	20.60%	18.51%	11.77%	33.60%
California	59.02%	98.47%	75.24%	81.48%	103.93%	99.98%	93.08%
Connecticut	40.34%	38.54%	38.98%	37.67%	34.77%	39.66%	41.03%
Delaware	5.90%	14.29%	11.20%	16.05%	14.65%	22.60%	25.98%
Florida	50.41%	32.72%		71.33%	60.76%	57.60%	80.75%
Georgia	30.90%	26.31%	43.81%	39.39%	59.71%	63.07%	67.11%
Hawaii	88.41%	87.08%	98.21%	76.68%	97.77%	94.59%	102.53%
Illinois	32.42%	52.73%	56.90%	58.79%	62.60%	61.15%	98.46%
Indiana	18.05%	21.96%	22.24%	31.70%	27.82%	27.37%	22.01%
Maryland	44.61%	57.82%	47.90%	47.62%	53.67%	72.61%	77.48%

Massachusetts		15.42%	10.59%	13.38%	18.22%	20.53%	31.02%
Missouri	54.78%	55.78%	58.27%	69.48%	60.50%	61.27%	69.12%
Nebraska	9.72%	16.93%	7.03%	17.43%	32.31%	38.00%	41.55%
Nevada	28.87%	31.17%	35.33%	32.95%	23.77%	25.91%	73.99%
New Hampshire	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
New Jersey	14.32%	18.80%	16.82%	7.56%	25.49%	42.43%	33.81%
New York	17.85%	19.83%	20.36%	22.37%	24.34%	27.72%	32.07%
North Carolina	9.01%	15.47%	13.47%	14.98%	28.17%	27.25%	41.71%
Ohio	57.60%	61.86%	60.83%	62.22%	63.36%	59.46%	66.35%
Oklahoma	45.53%	59.23%	60.51%	56.65%	60.53%	51.70%	51.67%
Pennsylvania	6.26%	5.42%	9.74%	17.94%	12.56%	13.35%	19.76%
South Carolina	25.91%	38.26%	40.00%	42.93%	61.37%	52.35%	67.84%
South Dakota	4.72%	3.24%	3.47%	3.32%	1.09%	5.85%	3.41%
Tennessee	31.12%	28.57%	25.36%	27.51%	18.90%	18.40%	34.27%
Texas	22.62%	28.78%	30.42%	34.01%	40.64%	43.56%	49.25%
Utah	31.83%	31.09%	37.11%	37.21%	35.13%	38.46%	40.08%
Washington	35.14%	55.62%	27.04%	51.38%	32.06%	33.56%	36.16%
West Virginia	4.09%		25.10%	25.00%	31.14%	46.32%	50.19%
Change in Percent of State Psychiatric Hospitals Composed by Forensic Patients							
	2002-2014	2004-2014	2005-2014	2006-2014	2009-2014	2011-2014	
Alabama	19.08%	15.24%	14.94%	13.00%	15.10%	21.83%	
California	34.06%	-5.39%	17.84%	11.60%	10.85%	-6.90%	
Connecticut	0.69%	2.49%	2.05%	3.36%	6.26%	1.37%	
Delaware	20.09%	11.70%	14.78%	9.93%	11.33%	3.39%	
Florida	30.34%	48.02%		9.42%	19.98%	23.15%	
Georgia	36.21%	40.80%	23.29%	27.72%	7.39%	4.04%	
Hawaii	14.11%	15.45%	4.31%	25.84%	4.76%	7.93%	
Illinois	66.04%	45.73%	41.56%	39.66%	35.85%	37.30%	
Indiana	3.96%	0.05%	-0.24%	-9.69%	-5.81%	-5.36%	
Maryland	32.88%	19.67%	29.58%	29.86%	23.81%	4.87%	
Massachusetts		15.60%	20.43%	17.64%	12.80%	10.49%	
Missouri	14.34%	13.35%	10.85%	-0.35%	8.63%	7.86%	
Nebraska	31.83%	24.62%	34.52%	24.12%	9.24%	3.55%	
Nevada	45.12%	42.82%	38.66%	41.03%	50.21%	48.08%	
New Hampshire	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

New Jersey	19.49%	15.01%	16.99%	26.24%	8.32%	-8.62%
New York	14.22%	12.24%	11.71%	9.70%	7.73%	4.35%
North Carolina	32.70%	26.24%	28.24%	26.73%	13.54%	14.47%
Ohio	8.75%	4.49%	5.52%	4.13%	2.99%	6.89%
Oklahoma	6.15%	-7.56%	-8.84%	-4.97%	-8.85%	-0.03%
Pennsylvania	13.50%	14.34%	10.02%	1.82%	7.20%	6.41%
South Carolina	41.93%	29.58%	27.84%	24.91%	6.47%	15.49%
South Dakota	-1.31%	0.17%	-0.06%	0.09%	2.32%	-2.44%
Tennessee	3.16%	5.70%	8.91%	6.77%	15.37%	15.87%
Texas	26.63%	20.47%	18.82%	15.24%	8.60%	5.69%
Utah	8.25%	8.99%	2.97%	2.87%	4.96%	1.62%
Washington	1.02%	-19.46%	9.12%	-15.23%	4.09%	2.59%
West Virginia	4.09%		25.09%	25.19%	19.05%	3.87%

Note: *For Illinois this was the number reported. However, the number of adults residing in the state psychiatric hospital for 2013 (1,232) was used in the calculations presented in Graphs 7 and 8. State hospital capacity was based on the number of adults (18 years or older) residing in the state's psychiatric hospitals on the first census day of the year.

Questionnaire Responses - Question #1: Based on the 37 Responding States

Question 1: What types of forensic patients are admitted to State Psychiatric Hospitals for inpatient Competency to Stand Trial (CST) evaluations?		
Types of Defendant	State Responses	Percent
Misdemeanants Only	0	0%
Felons Only	2	5%
Misdemeanants and Felons	23	62%
Not Applicable- Other Agency Responsible	12	32%
Total	37	100%

Question 1a: Please describe what type of agency (e.g. private agency) is responsible for CST evaluations?		
Other Agency	State Responses	Percent
Outpatient/ Community Evaluator	4	33%
DOC Jurisdiction	1	8%
Behavioral Health and Developmental Disabilities Jurisdiction	1	8%
County	1	8%
Private Agency/Evaluators	4	33%
Jail or Outpatient Agencies	1	8%
Total	12	100%

Questionnaire Responses - Question #5: Based on the 37 Responding States

Question 5: In your state, has the provision of CST evaluations shifted from primarily being conducted on an outpatient basis to an increasing percentage being provided on an inpatient basis?

Outpatient to Inpatient Shift	State Responses	Percent
Yes	2	5%
No	31	84%
Not Applicable	3	8%
Unknown	1	3%
Total	37	100%

Questionnaire Responses - Question #33: Based on the 37 Responding States

Question 33: In your state, has the provision of CST evaluations shifted from primarily being conducted on an inpatient basis to an increasing percentage being provided on an outpatient basis?

Inpatient to Outpatient Shift	State Responses	Percent
Yes	6	100%
No	27	73%
Not Applicable	3	8%
Unknown	1	3%
Total	37	100%

Questionnaire Responses - Question #3: Based on the 37 Responding States

Question 3: Have there been any recent legal, policy, or programmatic developments within your state that have led to a decrease or increase in the number of inpatient CST evaluations being conducted for defendants accused of, or charged with, a misdemeanor in your state hospital(s)?

Type of Change	State Responses	Percent
No Change	10	14%
Increase	1	3%
Decrease	6	16%
Not Applicable	15	41%
Unknown	5	14%
Total	37	100%

Questionnaire Responses - Question #4: Based on the 37 Responding States

Question 4: Have there been any recent legal, policy, or programmatic developments within your state that have led to a decrease or increase in the number of inpatient CST evaluations being conducted for defendants accused of, or charged with, a felony in your state hospital(s)?

Type of Change	State Responses	Percent
No Change	14	38%
Increase	4	11%
Decrease	4	11%
Not Applicable	12	32%
Unknown	3	8%
Total	37	100%

Questionnaire Responses - Question #2: Based on the 37 Responding States

Question 2: Does your state maintain a waiting list for admissions for inpatient CST evaluations?

Maintain Waitlist	State Responses	Percent
Yes	20	54%
No	8	22%
Not Applicable	9	24%
Unknown	0	0%
Total	37	100%

Question 2a: CST Waitlist Length

Length of Time	Number of States	Percent
7-20 days	6	16 %
21-35 days	2	5%
36-49 days	4	11%
50-64 days	1	3%
65-79 days	1	3%
238-252 days	2	5%
Unable to report	4	11%
Total	20	54%

Pre-Trial Evaluation One-Day Census - All States

One-Day Census Per State of Pre-Trial Evaluations (Inpatient Only) Patients, 1999-2014: All States								
State	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	4	20	21	18	18	5	6	NA
Alaska	5	Not Reported	2	N/A	Not Reported	10	1	1
Arizona	0	Not Reported	0	No Answer Provided	Not Reported	16	3	0
Arkansas	No Answer Provided	Not Reported	Unknown	Unknown	0	0	0	1406
California	0	0	0	0	0	0	0	0
Colorado	16	8	9	21	15	28	25	29
Connecticut	0	0	0	0	1	0	0	0
District of Columbia	64	Unknown	Unknown	44	54	38	61	57
Delaware	Not Reported	unk	unk	4	9	1	3	6
Florida	0	0	0	0	0	0	0	0
Georgia	23	32	32	42	48	30	24	27
Hawaii	Unknown	21	14	18	13	15	18	20
Idaho	Not Reported	Not Reported	2	Unknown	Unknown	0	0	0
Illinois	Not Available	0	0	0	0	0	0	0
Indiana	0	0	0	0	0	0	0	0
Iowa	Unknown	NR	Unknown	Unknown	Unknown	5	Unknown	Unknown
Kansas	Not Reported	Not Reported	28	18	19	8	11	19
Kentucky	90	60	93	Not Reported	76	65	70	52
Louisiana	45	137	N/A	63	90	0	Not Reported	Not Reported
Maine	Not Reported	Not Reported	9	0	0	6	6	5
Maryland	111	67	91	75	194	257	37	259
Massachusetts	17	No Answer Provided	Unknown	48	48	48	27	72
Michigan	Not Reported	Not Reported	0	Not Reported	No Answer Provided	0	0	0
Minnesota	No Answer Provided	NR	0	0	0	0	0	0
Missouri	38	21	15	28	25	12	2	4
Mississippi	Not Available	Not Reported	14	8	8	11	9	15
Montana	Not Reported	Not Reported	Not Reported	4	3	7	8	5
Nebraska	0	1	0	0	3	1	2	1
Nevada	4	9	0	3	4	13	12	12
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	45	0	0		17	0	41	29
New Mexico	0	6	0	5	69	Not Reported	Not Reported	2
New York	0	0	0	0	0	0	0	0

North Carolina	24	13	20	20	20	10	5	6
North Dakota	Not Reported	Not Reported	No Answer Provided	Not Reported	1	1	0	0
Ohio	7	8	5	14	5	11	5	24
Oklahoma	No Answer Provided	No Answer Provided	No Answer Provided	0	5	2	2	13
Oregon	No Answer Provided	Not Reported	0	0	94	95	0	0
Pennsylvania	90	No Answer Provided	No Answer Provided	0	59	98	8	121
Rhode Island	No Answer Provided	No Answer Provided	0	0	0	Not Reported	Not Reported	Not Reported
South Carolina	25	6	14	14	10	19	12	8
South Dakota	0	1	1	0	0	0	0	0
Tennessee	97	29	40	25	37	35	24	29
Texas	0	0	1	0	0	0	0	1
Utah	24	31	3	0	0	0	0	0
Vermont	Not Reported	No Answer Provided	4	Not Reported	7	5	Not Reported	Not Reported
Virginia	23	Not Reported	5	8	6	10	7	13
Washington	102	107	89	38	50	62	61	15
West Virginia	No Answer Provided	No Answer Provided	1	No Answer Provided	No Answer Provided	0	1	N/A
Wisconsin	No Answer Provided	Not Reported	5	4	Not Reported	283	64	1
Wyoming	No Answer Provided	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	15
Total	854	577	518	522	1008	1207	555	2267
Median	16	8	2	4	7	5.5	3	5
Average	28	21	13	13	23	25	12	50

Note: “No Answer Provided” indicates that a state did not provide data for this specific status for this particular year.

“Unknown” or “Not Available” indicates that the data could not be accessed by the state.

“Not Reported” indicates that the state did not provide data for the entire year.

Pre-Trial Evaluation Rates per 100,000 Adult Civilians - States with Numerical Values for 1999-2014

One-Day Census Per State of Total Number of Pre-Trial Evaluation Patients, 1999-2014								
	1999	2002	2004	2005	2006	2009	2011	2014
California	0	0	0	0	0	0	0	0
Colorado	16	8	9	21	15	28	25	29
Connecticut	0	0	0	0	1	0	0	0
Florida	0	0	0	0	0	0	0	0
Georgia	23	32	32	42	48	30	24	27
Indiana	0	0	0	0	0	0	0	0
Maryland	111	67	91	75	194	257	37	259
Nebraska	0	1	0	0	3	1	2	0
Nevada	4	9	0	3	4	13	12	12
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	45	0	0	0	17	0	41	29
New York	0	0	0	0	0	0	0	0
North Carolina	24	13	20	20	20	10	5	6
Ohio	7	8	5	14	5	11	5	24
South Carolina	25	6	14	14	10	19	12	8
South Dakota	0	1	1	0	0	0	0	0
Tennessee	97	29	40	25	37	35	24	29
Texas	0	0	1	0	0	0	0	1
Utah	24	31	3	0	0	0	0	0
Washington	102	107	89	38	50	62	61	15
Adult Civilian Population, 1999-2014								
	1999	2002	2004	2005	2006	2009	2011	2014
California	24501941	25500939	26142343	26405567	26698510	27367687	28259839	29496381
Colorado	3177044	3322974	3390666	3493795	3567730	3770144	3853311	4073356
Connecticut	2557792	2580476	2657283	2642985	2659430	2702723	2774309	2813652
Florida	12283486	12760368	13322023	13687822	13954235	14407273	15015065	15770224
Georgia	5954362	6220214	6422057	6642180	6799344	7171442	7250275	7538231
Indiana	4504723	4562976	4636108	4674891	4715158	4829321	4913197	5011856
Maryland	3910942	4043102	4129546	4167833	4203572	4318347	4464078	4596736
Nebraska	1253717	1282284	1305191	1301127	1310888	1338132	1374328	1408164
Nevada	1480440	1592235	1721764	1781813	1842608	1951264	2046857	2163958
New Hampshire	926066	965998	993585	996357	1007896	1034351	1036024	1058281

New Jersey	5997177	6454401	6534022	6549442	6576728	6650668	6780799	6916436
New York	14278716	14520990	14630644	14721490	14796441	15093731	15183488	15491177
North Carolina	6321650	6147967	6322555	6474992	6607749	7001804	7265080	7550095
Ohio	8458130	8534039	8672178	8653082	8678413	8818705	8839729	8946035
South Carolina	2967197	3090720	3136488	3178711	3241789	3439970	3555971	3705611
South Dakota	458771	561859	576226	580599	588778	608830	616381	639204
Tennessee	4274395	4375382	4492385	4526572	4599801	4783324	4885806	5033198
Texas	14871550	15556396	16101165	16401811	16805081	17769097	18589169	19716732
Utah	1510842	1597709	1643150	1723808	1776153	1909664	1928239	2033523
Washington	4336464	4499394	4660383	4711162	4803132	5044050	5190309	5405882

One-Day Census Per State of Total Number of Pre-Trial Evaluation Patients Per 100,000 Adult Civilian Population, 1999-2014

	1999	2002	2004	2005	2006	2009	2011	2014
California	0	0	0	0	0	0	0	0
Colorado	1	0	0	1	0	1	1	1
Connecticut	0	0	0	0	0	0	0	0
Florida	0	0	0	0	0	0	0	0
Georgia	0	1	0	1	1	0	0	0
Indiana	0	0	0	0	0	0	0	0
Maryland	3	2	2	2	5	6	1	6
Nebraska	0	0	0	0	0	0	0	0
Nevada	0	1	0	0	0	1	1	1
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	1	0	0	0	0	0	1	0
New York	0	0	0	0	0	0	0	0
North Carolina	0	0	0	0	0	0	0	0
Ohio	0	0	0	0	0	0	0	0
South Carolina	1	0	0	0	0	1	0	0
South Dakota	0	0	0	0	0	0	0	0
Tennessee	2	1	1	1	1	1	0	1
Texas	0	0	0	0	0	0	0	0
Utah	2	2	0	0	0	0	0	0
Washington	2	2	2	1	1	1	1	0

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.

**Pre-Trial Evaluation One-Day Census Percent Change -
States with Numerical Values for 1999, 2005, and 2014**

Pre-Trial Evaluation Census for 1999, 2005, and 2014						
State	Year			Percent Change		
	1999	2005	2014	1999 to 2005	2005 to 2014	1999 to 2014
California	0	0	0			
Colorado	16	21	29	31%	38%	81%
Connecticut	0	0	0			
District of Columbia	64	44	57	-31%	30%	-11%
Florida	0	0	0			
Georgia	23	42	27	83%	-36%	17%
Indiana	0	0	0			
Maryland	111	75	259	-32%	245%	133%
Massachusetts	17	48	72	182%	50%	324%
Missouri	38	28	4	-26%	-86%	-89%
Nebraska	0	0	1			
Nevada	4	3	12	-25%	300%	200%
New Hampshire	0	0	0			
New Jersey	45	0	29	-100%		-36%
New Mexico	0	5	2		-60%	
New York	0	0	0			
North Carolina	24	20	6	-17%	-70%	-75%
Ohio	7	14	24	100%	71%	243%
Pennsylvania	90	0	121	-100%		34%
South Carolina	25	14	8	-44%	-43%	-68%
South Dakota	0	0	0			
Tennessee	97	25	29	-74%	16%	-70%
Texas	0	0	1			
Utah	24	0	0	-100%		-100%
Virginia	23	8	13	-65%	63%	-43%
Washington	102	38	15	-63%	-61%	-85%
All States	710	385	709	-46%	84%	0%
Median	17	4	7			
Average	27	15	27			

Note: #DIV/0 is the error that comes up in Excel when a numerical value is being divided by 0.

Pre-Trial Evaluation Admissions – Responding States with Numerical Values for 2016

2016 Pre-Trial Evaluation Admission Rates			
State	Pre-Trial	Adult Civilian Population for 2016	Rate per 100,000 Adult Civilians
Arizona	0	5187162	0.0
California	0	29868217	0.0
Colorado	193	4164750	4.6
Connecticut	1	2819523	0.0
District of Columbia	140	550598	25.4
Delaware	21	737989	2.8
Florida	0	16097744	0.0
Georgia	98	7647244	1.3
Hawaii	45	1072558	4.2
Idaho	0	1218232	0.0
Illinois	0	9872939	0.0
Indiana	0	5037478	0.0
Iowa	4	2393804	0.2
Maryland	168	4628343	3.6
Massachusetts	561	5402359	10.4
Michigan	No Response	7711085	
Minnesota	0	4203014	0.0
Missouri	8	4676467	0.2
Mississippi	64	2250779	2.8
Montana	0	802815	0.0
Nebraska	0	1419307	0.0
Nevada	No Response	2210608	
New Hampshire	0	1064993	0.0
New Mexico	3	1576722	0.2
New Jersey	108	6950153	1.6
New York	0	15559503	0.0
North Carolina	53	7648418	0.7
Ohio	93	8976016	1.0
Pennsylvania	Not Available	10106273	
South Carolina	6	3763158	0.2
South Dakota	0	644083	0.0
Tennessee	442	5081001	8.7
Texas	0	20139228	0.0
Utah	0	2078429	0.0

Virginia	157	6401225	2.5
Washington	262	5504598	4.8
Wisconsin	86	4473776	1.9
Median for all states			2.5

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.

Incompetent to Stand Trial (IST) One-Day Census - All States

One-Day Census Per State for IST Patients, 1999-2014: All States								
State	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	52	24	17	19	43	40	37	NA
Alaska	4	Not Reported	4	N/A	Not Reported	11	8	8
Arizona	48	Not Reported	56	29	Not Reported	16	0	6
Arkansas	No Answer Provided	Not Reported	Unknown	Unknown	38	35	57	55
California	763	860	1030	1101	1043	1187	1254	1256
Colorado	56	58	74	86	100	100	128	164
Connecticut	62	43	78	55	60	46	45	52
District of Columbia	Unknown	57	Unknown	20	9	7	3	25
Delaware	Not Reported	unk	unk	4	9	17	19	14
Florida	700	756	858	523	925	1059	864	1062
Georgia	48	83	139	193	236	228	233	213
Hawaii	Unknown	51	64	56	57	71	53	75
Idaho	Not Reported	Not Reported	0	Unknown	Unknown	14	9	14
Illinois	284	211	259	266	257	239	239	301
Indiana	71	148	160	106	120	197	99	140
Iowa	Unknown	NR	Unknown	Unknown	Unknown	3	Unknown	Unknown
Kansas	Not Reported	Not Reported	42	42	50	22	20	46
Kentucky	34	Unknown	Unknown	Not Reported	Unknown	Unknown	Unknown	Not Available
Louisiana	144	161	Unknown	108	81	100	Not Reported	Not Reported
Maine	Not Reported	Not Reported	4	13	13	11	10	10
Maryland	44	107	121	118	68	114	225	224
Massachusetts	161	No Answer Provided	Unknown	20	20	58	60	54
Michigan	Not Reported	Not Reported	84	Not Reported	No Answer Provided	130	91	85
Minnesota	No Answer Provided	NR	17	20	38	56	75	98
Missouri	104	129	146	171	216	213	185	184
Mississippi	Not Available	Not Reported	4	4	4	3	4	3
Montana	Not Reported	Not Reported	Not Reported	12	6	19	11	5
Nebraska	3	2	8	9	3	11	5	10
Nevada	36	36	48	55	53	48	41	44

New Hampshire	0	0	0	0	0	0	0	0
New Jersey	37	27	29	46	8	0	86	100
New Mexico	63	35	57	49	69	Not Reported	Not Reported	35
New York	236	196	232	188	160	206	226	290
North Carolina	85	102	126	85	85	134	127	151
North Dakota	Not Reported	Not Reported	No Answer Provided	Not Reported	0	0	0	0
Ohio	154	167	167	149	161	165	136	182
Oklahoma	123	123	120	118	8	108	89	91
Oregon	57	Not Reported	90	78	0	0	110	134
Pennsylvania	90	No Answer Provided	0	0	105	141	135	87
Rhode Island	9	12	13	14	14	Not Reported	Not Reported	Not Reported
South Carolina	93	100	108	106	114	103	117	166
South Dakota	2	7	6	7	7	2	10	6
Tennessee	34	58	76	60	57	35	23	36
Texas	274	399	485	521	587	718	708	889
Utah	7	42	52	51	76	81	78	86
Vermont	Not Reported	22	17	Not Reported	0	8	Not Reported	Not Reported
Virginia	89	Not Reported	92	122	146	139	102	129
Washington	73	126	126	154	149	141	94	156
West Virginia	No Answer Provided	No Answer Provided	29	19	No Answer Provided	56	68	80
Wisconsin	No Answer Provided	Not Reported	65	62	Not Reported	0	166	43
Wyoming	10	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	0
Total	4050	4142	5103	4859	5195	6092	6050	6809
Median	62	70.5	65	55.5	57	56	76.5	80
Average	116	138	124	116	124	130	138	151

Note: “No Answer Provided” indicates that a state did not provide data for this specific status for this particular year.
“Unknown”, “unk”, or “Not Available” indicates that the data could not be accessed by the state.
“Not Reported” indicates that the state did not provide data for the entire year.

IST One-Day Census Percent Change - States with Numerical Values for 1999, 2005, and 2014

IST Census for 1999, 2005, and 2014						
State	Year			Percent Change		
	1999	2005	2014	1999 to 2005	2005 to 2014	1999 to 2014
Arizona	48	29	6	-40%	-79%	-88%
California	763	1101	1256	44%	14%	65%
Colorado	56	86	164	54%	91%	193%
Connecticut	62	55	52	-11%	-5%	-16%
Florida	700	523	1062	-25%	103%	52%
Georgia	48	193	213	302%	10%	344%
Illinois	284	266	301	-6%	13%	6%
Indiana	71	106	140	49%	32%	97%
Maryland	44	118	224	168%	90%	409%
Missouri	104	171	184	64%	8%	77%
Nebraska	3	9	10	200%	11%	233%
Nevada	36	55	44	53%	-20%	22%
New Hampshire	0	0	0			
New Jersey	37	46	100	24%	117%	170%
New Mexico	63	49	35	-22%	-29%	-44%
New York	236	188	290	-20%	54%	23%
North Carolina	85	85	151	0%	78%	78%
Ohio	154	149	182	-3%	22%	18%
Oklahoma	123	118	91	-4%	-23%	-26%
Oregon	57	78	134	37%	72%	135%
South Carolina	93	106	166	14%	57%	78%
South Dakota	2	7	6	250%	-14%	200%
Tennessee	34	60	36	76%	-40%	6%
Texas	274	521	889	90%	71%	224%
Utah	7	51	86	629%	69%	1129%
Virginia	89	122	129	37%	6%	45%
Washington	73	154	156	111%	1%	114%
All States	3546	4446	6107	25%	37%	72%
Median	63	106	140			
Average	131	165	226			

IST Admissions – Responding States with Numerical Values for 2016

2016 IST Admission Rates			
State	NGRI	Adult Civilian Population for 2016	Rate per 100,000 Adult Civilians
Arizona	10	5187162	0.2
California	2991	29868217	10.0
Colorado	437	4,164,750	10.5
Connecticut	226	2819523	8.0
District of Columbia	145	550598	26.3
Delaware	13	737989	1.8
Florida	1713	16097744	10.6
Georgia	435	7647244	5.7
Hawaii	196	1072558	18.3
Idaho	143	1218232	11.7
Illinois	500	9,872,939	5.1
Indiana	179	5037478	3.6
Iowa	7	2393804	0.3
Maryland	345	4628343	7.5
Massachusetts	77	5,402,359	1.4
Michigan	No Response	7711085	
Minnesota	89	4203014	2.1
Missouri	231	4676467	4.9
Mississippi	44	2250779	2.0
Montana	11	802815	2.1
Nebraska	21	1419307	1.5
Nevada	No Response	2210608	
New Hampshire	0	1064993	0.0
New Mexico	112	1576722	7.1
New Jersey	60	6,950,153	0.9
New York	625	15559503	4.0
North Carolina	269	7648418	3.5
Ohio	561	8976016	6.2
Pennsylvania	Not Available	10106273	
South Carolina	80	3763158	2.1
South Dakota	28	644083	4.3
Tennessee	59	5,081,001	1.2
Texas	2366	20139228	11.7

Utah	85	2078429	4.1
Virginia	610	6401225	9.5
Washington	774	5504598	14.1
Wisconsin	292	4473776	6.5
Median for all states			5.0

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.

Not Guilty by Reason of Insanity (NGRI) One-Day Census - All States

One-Day Census Per State of NGRI Patients, 1999-2014: All States								
State	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	170	163	166	173	178	163	71	171
Alaska	6	Not Reported	4	N/A	Not Reported	2	1	1
Arkansas	No Answer Provided	Not Reported	Unknown	Unknown	45	91	36	82
Arizona	25	Not Reported	101	115	Not Reported	126	119	123
California	1030	1144	1218	1248	1220	1391	1371	1369
Colorado	189	180	153	143	140	143	125	121
Connecticut	138	142	144	145	142	122	109	118
District of Columbia	173	148	Unknown	145	140	122	107	102
Delaware	Not Reported	unk	unk	4	7	13	10	7
Florida	380	476	468	447	438	466	488	462
Georgia	143	164	151	175	162	165	147	163
Hawaii	Unknown	36	40	38	46	35	29	38
Idaho	Not Reported	Not Reported	0	Unknown	Unknown	2	2	1
Illinois	254	243	263	268	272	293	322	359
Indiana	6	10	8	6	6	6	6	9
Iowa	Unknown	NR	Unknown	Unknown	Unknown	2	Unknown	Unknown
Kansas	Not Reported	Not Reported	44	31	25	14	14	25
Kentucky	Unknown	Unknown	Unknown	Not Reported	Unknown	Unknown	Unknown	Not Available
Louisiana	217	206	Unknown	11	111	108	Not Reported	Not Reported
Maine	Not Reported	Not Reported	18	24	24	26	31	38
Maryland	268	355	378	383	280	220	407	232
Massachusetts	63	No Answer Provided	Unknown	13	13	19	17	17
Michigan	Not Reported	Not Reported	130	Not Reported	No Answer Provided	264	270	124
Minnesota	No Answer Provided	NR	46	47	50	37	46	39
Missouri	468	480	442	420	402	288	275	217
Mississippi	Not Available	Not Reported	14	14	14	10	8	12
Montana	Not Reported	Not Reported	Not Reported	38	49	28	26	49
Nebraska	19	17	14	14	16	21	32	33
Nevada	0	0	0	1	1	0	0	2
New Hampshire	0	0	0	0	0	0	0	0

New Jersey	243	233	256	260	34	259	247	249
New Mexico	0	10	0	0	0	Not Reported	Not Reported	0
New York	441	502	534	556	563	584	556	503
North Carolina	22	29	28	32	32	36	47	50
North Dakota	Not Reported	Not Reported	4	Not Reported	5	5	5	0
Ohio	320	291	290	304	308	302	296	266
Oklahoma	44	50	50	42	42	70	70	66
Oregon	291	Not Reported	275	362	340	349	300	290
Pennsylvania	15	No Answer Provided	20	45	20	10	21	15
Rhode Island	2	3	2	3	3	Not Reported	Not Reported	Not Reported
South Carolina	40	60	60	58	46	50	42	54
South Dakota	0	0	0	0	0	0	0	0
Tennessee	34	72	78	89	109	74	48	42
Texas	58	81	74	82	84	114	168	222
Utah	5	17	12	13	17	14	12	11
Vermont	Not Reported	No Answer Provided	1	Not Reported	0	1	Not Reported	Not Reported
Virginia	249	Not Reported	220	222	199	274	285	267
Washington	344	326	300	229	228	217	228	232
West Virginia	No Answer Provided	No Answer Provided	31	No Answer Provided	No Answer Provided	34	54	52
Wisconsin	No Answer Provided	Not Reported	255	237	Not Reported	215	40	194
Wyoming	12	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	11
Total	5669	5438	6292	6437	5811	6785	6488	6438
Median	63	142*	55	58	46	70	48	53
Average	162	188	150	157	138	144	147	140

Note: * The median for NGRI in 2002 was 142. It was changed to 63 for Graph 22 and 31 since this number is dramatically higher than the numbers presented for the other years that were examined GBMI patients were added to the number of NGRI patients only when numerical values were provided for GBMI patients. If the GBMI responses was coded as “Not Provided” or “Not Available/Unknown”, but there was a value for the number of NGRI patients, the number of NGRI patients was used as the default number. In instances when 0 GBMI patients were reported and the number of NGRI patients was “Not Provided” or “Not Available/Unknown”, the NGRI information was used.

“No Answer Provided” indicates that a state did not provide data for this specific status for this particular year.

“Unknown”, “unk”, or “Not Available” indicates that the data could not be accessed by the state.

“Not Reported” indicates that the state did not provide data for the entire year.

Forensic Patients in State Psychiatric Hospitals: 1999-2016, August 2017

NGRI Rates per 100,000 Adult Civilians - States with Numerical Values for 1999-2014

One-Day Census Per State of NGRI Patients, 1999-2014								
	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	170	163	166	173	178	163	71	171
California	1030	1144	1218	1248	1220	1391	1371	1369
Colorado	189	180	153	145	140	143	125	121
Connecticut	138	142	144	145	142	122	109	118
Florida	380	476	468	447	438	466	488	462
Georgia	143	164	151	175	162	165	147	163
Illinois	254	243	263	268	272	293	322	359
Indiana	6	10	8	6	6	6	6	9
Maryland	268	355	378	383	280	220	407	232
Missouri	468	480	442	420	402	288	275	217
Nebraska	19	17	14	14	16	21	32	33
Nevada	0	0	0	1	1	0	0	2
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	243	233	256	260	34	259	247	249
New York	441	502	534	556	563	584	556	503
North Carolina	22	29	28	32	32	36	47	50
Ohio	320	291	290	304	308	302	296	266
Oklahoma	44	50	50	42	42	70	70	66
South Carolina	40	60	60	58	46	50	42	54
South Dakota	0	0	0	0	0	0	0	0
Tennessee	34	72	78	89	109	74	48	42
Texas	58	81	74	82	84	114	168	222
Utah	5	17	12	13	17	14	12	11
Washington	344	326	300	229	228	217	228	232
Adult Civilian Population, 1999-2014								
	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	3310446	3367587	3424329	3415672	3457720	3563708	3662046	3726890
California	24501941	25500939	26142343	26405567	26698510	27367687	28259839	29496381
Colorado	3177044	3322974	3390666	3493795	3567730	3770144	3853311	4073356
Connecticut	2557792	2580476	2657283	2642985	2659430	2702723	2774309	2813652
Florida	12283486	12760368	13322023	13687822	13954235	14407273	15015065	15770224
Georgia	5954362	6220214	6422057	6642180	6799344	7171442	7250275	7538231

Forensic Patients in State Psychiatric Hospitals: 1999-2016, August 2017

Illinois	9158208	9323612	9453131	9471216	9539175	9699106	9736146	9865054
Indiana	4504723	4562976	4636108	4674891	4715158	4829321	4913197	5011856
Maryland	3910942	4043102	4129546	4167833	4203572	4318347	4464078	4596736
Missouri	4153926	4258941	4353299	4349925	4394646	4536157	4576051	4653169
Nebraska	1253717	1282284	1305191	1301127	1310888	1338132	1374328	1408164
Nevada	1480440	1592235	1721764	1781813	1842608	1951264	2046857	2163958
New Hampshire	926066	965998	993585	996357	1007896	1034351	1036024	1058281
New Jersey	5997177	6454401	6534022	6549442	6576728	6650668	6780799	6916436
New York	14278716	14520990	14630644	14721490	14796441	15093731	15183488	15491177
North Carolina	6321650	6147967	6322555	6474992	6607749	7001804	7265080	7550095
Ohio	8458130	8534039	8672178	8653082	8678413	8818705	8839729	8946035
Oklahoma	2536569	2595976	2638222	2631551	2664895	2746163	2826505	2905323
South Carolina	2967197	3090720	3136488	3178711	3241789	3439970	3555971	3705611
South Dakota	458771	561859	576226	580599	588778	608830	616381	639204
Tennessee	4274395	4375382	4492385	4526572	4599801	4783324	4885806	5033198
Texas	14871550	15556396	16101165	16401811	16805081	17769097	18589169	19716732
Utah	1510842	1597709	1643150	1723808	1776153	1909664	1928239	2033523
Washington	4336464	4499394	4660383	4711162	4803132	5044050	5190309	5405882

One-Day Census Per State of NGRI Patients Per 100,000 Adult Civilian Population, 1999-2014

	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	5	5	5	5	5	5	2	5
California	4	4	5	5	5	5	5	5
Colorado	6	5	5	4	4	4	3	3
Connecticut	5	6	5	5	5	5	4	4
Florida	3	4	4	3	3	3	3	3
Georgia	2	3	2	3	2	2	2	2
Illinois	3	3	3	3	3	3	3	4
Indiana	0	0	0	0	0	0	0	0
Maryland	7	9	9	9	7	5	9	5
Missouri	11	11	10	10	9	6	6	5
Nebraska	2	1	1	1	1	2	2	2
Nevada	0	0	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	4	4	4	4	1	4	4	4
New York	3	3	4	4	4	4	4	3

North Carolina	0	0	0	0	0	1	1	1
Ohio	4	3	3	4	4	3	3	3
Oklahoma	2	2	2	2	2	3	2	2
South Carolina	1	2	2	2	1	1	1	1
South Dakota	0	0	0	0	0	0	0	0
Tennessee	1	2	2	2	2	2	1	1
Texas	0	1	0	0	0	1	1	1
Utah	0	1	1	1	1	1	1	1
Washington	8	7	6	5	5	4	4	4

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.

NGRI One-Day Census Percent Change - States with Numerical Values for 1999, 2005, and 2014

One-Day Census Per State of NGRI Patients-States with Numerical Data for 1999, 2005, and 2014						
State	Year			Percent Change		
	1999	2005	2014	1999-2005	2004-2014	1999-2014
Alabama	170	173	171	2%	-1%	1%
Arizona	25	115	123	360%	7%	392%
California	1030	1248	1369	21%	10%	33%
Colorado	189	143	121	-24%	-15%	-36%
Connecticut	138	145	118	5%	-19%	-14%
District of Columbia	173	145	102	-16%	-30%	-41%
Florida	380	447	462	18%	3%	22%
Georgia	143	175	163	22%	-7%	14%
Illinois	254	268	359	6%	34%	41%
Indiana	6	6	9	0%	50%	50%
Maryland	268	383	232	43%	-39%	-13%
Massachusetts	63	13	17	-79%	31%	-73%
Missouri	468	420	217	-10%	-48%	-54%
Nebraska	19	14	33	-26%	136%	74%
Nevada	0	1	2		100%	
New Hampshire	0	0	0			
New Jersey	243	260	249	7%	-4%	2%
New Mexico	0	0	0			
New York	441	556	503	26%	-10%	14%
North Carolina	22	32	50	45%	56%	127%
Ohio	320	304	266	-5%	-13%	-17%
Oklahoma	44	42	66	-5%	57%	50%
Pennsylvania	15	45	15	200%	-67%	0%
South Carolina	40	58	54	45%	-7%	35%
South Dakota	0	0	0			
Tennessee	34	89	42	162%	-53%	24%
Texas	58	82	222	41%	171%	283%
Utah	5	13	11	160%	-15%	120%
Virginia	249	222	267	-11%	20%	7%
Washington	344	229	232	-33%	1%	-33%
All States	5141	5628	5475	9%	-3%	6%
Median	101	129	120			
Average	171	188	183			

NGRI Admission Rates – Responding States with Numerical Values for 2016

2016 NGRI Admission Rates			
State	NGRI	Adult Civilian Population for 2016	Rate per 100,000 Adult Civilians
Arizona	23	5187162.0	0.4
California	156	29868217	0.5
Colorado	30	4164750	0.7
Connecticut	5	2819523	0.2
District of Columbia	15	550598	2.7
Delaware	5	737989	0.3
Florida	223	16097744	1.4
Georgia	52	7647244	0.7
Hawaii	16	1072558	1.5
Idaho	0	1218232	0.0
Illinois	93	9872939	0.9
Indiana	6	5037478	0.1
Iowa	7	2393804	0.3
Maryland	100	4628343	2.2
Massachusetts	18	5402359	0.3
Michigan	No Response	7711085	
Minnesota	2	4203014	0.0
Missouri	13	4676467	0.3
Mississippi	2	2250779	0.1
Montana		802815	0.0
Nebraska	33	1419307	2.3
Nevada	No Response	2210608	
New Hampshire	0	1064993	0.0
New Mexico	0	1576722	0.0
New Jersey	78	6950153	1.1
New York	61	15559503	0.4
North Carolina	6	7648418	0.1
Ohio	114	8976016	1.3
Pennsylvania	Not Available	10106273	
South Carolina	20	3763158	0.5
South Dakota	1	644083	0.2
Tennessee	17	5081001	0.3
Texas	106	20139228	0.5
Utah	2	2078429	0.1

Virginia	88	6401225	1.4
Washington	4	5504598	0.1
Wisconsin	75	4473776	1.7
Median for all states			0.5

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.

Questionnaire Responses- Question #11: Based on the 37 Responding States

Question 11: Have there been any recent legal, policy, or programmatic developments within your state that you believe have led to a decrease or increase in the number of IST patients being admitted on an inpatient basis for competency restoration services within your state hospital(s)?

Types of Change	State Responses	Percent
No Change	17	46%
Increase	7	19%
Decrease	2	5%
Not Applicable	3	8%
Unknown	8	22%
Total	37	100%

Questionnaire Responses- Question #7: Based on the 37 Responding States

Question 7: What types of forensic patients receive inpatient competency restoration services in your state hospitals?

Types of Defendant	State Responses	Percent
Misdemeanants Only	0	0%
Felons Only	5	14%
Misdemeanants and Felons	30	81%
Not Applicable- Other Agency Responsible	2	5%
Total	37	100%

Questionnaire Responses- Question #8: Based on the 37 Responding States

Question 8: Is there a specific limit on how long a defendant may be committed for inpatient CST restoration services?		
Time Limit	State Responses	Percent
Yes	26	70%
No	9	24%
Not Applicable	2	5%
Unknown	0	0%
Total	37	100%

Question 8a: If yes, what is it?		
< 1 Year	11	26.19%
1-2 Years or Maximum Length of Sentence	8	19.05%
3-5 Years	3	7.14%
7- 10 Years	3	7.14%
2/3 or All of Maximum Sentence Length	3	7.14%
Time Period Varies and is Case Specific	1	2.38%
No Limit	9	21.43%
Unable to Report	2	4.76%
Not Applicable-State Does not Accept Patients for Inpatient Competency Restoration	2	4.76%
Total	42 (5 states duplicated)	100%

Questionnaire Responses- Question #10: Based on the 37 Responding States

Question 10: In your state, how often are IST/ITP defendants who were found unrestorable civilly committed (voluntary or involuntary) to a state hospital after civil commitment procedures have been pursued?		
Frequency with which unrestorable IST clients are civilly committed	State Responses	Percent
Frequently	12	32%
Sometimes	21	57%
Rarely	2	5%
Never	1	3%
Unknown	1	3%
Total	37	100%

Questionnaire Responses- Question #9: Based on the 37 Responding States

Question 9: Does your state maintain a waiting list for IST/ITP patients awaiting admission for inpatient competency restoration services?		
Maintain List	State Responses	Percent
Yes	26	70%
No	8	22%
Not Applicable	3	8%
Unknown	0	0%
Total	37	100%

Question 9a: If yes, what is the average wait time for a forensic patient to be admitted for inpatient competency restoration services:		
≤7 days	2	3%
8-28 days	4	11%
29-90 days	8	22%
91-180 days	1	3%
181-365 days	1	3%
Over 365 days	1	3%
Unable to Report	10	27%
Not Applicable	11	30%
Total	38	100%

Questionnaire Responses- Question #33: Based on the 37 Responding States

Question 33: In your state, has the provision of CST evaluations shifted from primarily being conducted on an inpatient basis to an increasing percentage being provided on an outpatient basis?

Inpatient to Outpatient Shift	State Responses	Percent
Yes	6	100%
No	27	73%
Not Applicable	3	8%
Unknown	1	3%
Total	37	100%

Questionnaire Responses- Question #30: Based on the 37 Responding States

Question 30: Has your State Mental Health Agency ever been found in (or threatened with) contempt of court for failing to admit inpatient forensic referrals in a timely manner?

Held in Contempt	State Responses	Percent
Yes	20	54%
No	16	43%
Unknown	1	3%
Total	37	100%

Questionnaire Responses- Question #20: Based on the 37 Responding States

Question 20: Does your state have a Sexually Violent Predator (SVP) commitment law?

SVP Law	State Responses	Percent
Yes	18	49%
No	19	51%
Total	37	100%

Questionnaire Responses- Question #21: Based on the 37 Responding States

Question 21: At your state hospital(s), how often are sex offenders transferred and civilly committed (voluntary or involuntary) to the state hospital(s) after they have completed serving time for a sexual offense?		
Frequency with which sex offenders are civilly committed	State Responses	Percent
Frequently	0	0%
Sometimes	9	24%
Rarely	11	30%
Never	14	38%
Unknown	3	8%
Total	37	100%

Civilly Committed Sex Offender One-Day Census - All States

One-Day Census Per State of Civilly Committed Sex Offenders, 1999-2014: All States								
State	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	0	0	0	0	0	0	0	0
Alaska	0	Not Reported	0	N/A	Not Reported	0	0	0
Arizona	0	Not Reported	0	No Answer Provided	Not Reported	73	0	94
Arkansas	0	Not Reported	0	0	0	0	0	0
California	No Answer Provided	494	557	601	678	774	858	928
Colorado	0	0	0	0	0	0	0	0
Connecticut	0	0	0	0	0	0	0	0
District of Columbia	Unknown	Unknown	Unknown	4	4	Unknown	3	2
Delaware	Not Reported	0	0	0	0	0	0	0
Florida	3	67	151	195	230	445	521	571
Georgia	0	0	0	0	0	0	0	0
Hawaii	0	0	0	0	0	0	0	0
Idaho	Not Reported	Not Reported	0	0	0	0	0	0
Illinois	Not Available	185	213	233	280	367	456	553
Indiana	0	0	0	0	0	0	0	0
Iowa	Unknown	NR	Unknown	Unknown	Unknown	79	Unknown	Unknown

Kansas	Not Reported	Not Reported	109	127	147	183	218	241
Kentucky	0	0	0	Not Reported	0	0	0	0
Louisiana	0	0	0	No Answer Provided		0	Not Reported	Not Reported
Maine	Not Reported	Not Reported	0	5	5	0	0	0
Maryland	0	0	0	0	0	0	0	0
Massachusetts	0	0	0	0	0	0	0	0
Michigan	Not Reported	Not Reported	0	Not Reported	No Answer Provided	2	0	1
Minnesota	No Answer Provided	NR	235	300	336	521	625	698
Missouri	UNK	56	77	98	111	138	150	197
Mississippi	0	Not Reported	0	0	0	0	0	0
Montana	Not Reported	Not Reported	Not Reported	0	0	0	0	0
Nebraska	4	17	41	54	53	60	71	72
Nevada	0	0	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	0	27	79		0	0	NA	136
New Mexico	0	0	0	0	0	Not Reported	Not Reported	0
New York	0	0	0	44	124	213	247	347
North Carolina	0	0	0	0	0	0	0	0
North Dakota	Not Reported	Not Reported	29	Not Reported	48	48	61	32
Ohio	0	0	0	0	0	0	0	0
Oklahoma	0	0	0	0	0	0	0	0
Oregon	0	Not Reported	0	0	0	0	0	0
Pennsylvania	0	No Answer Provided	0	9	0	28	28	46
Rhode Island	Not Collected	No Answer Provided	0	0	0	Not Reported	Not Reported	Not Reported
South Carolina	13	61	69	64	89	114	140	175
South Dakota	0	0	0	0	0	0	0	0
Tennessee	0	0	0	0	0	0	0	0
Texas	0	0	0	0	0	0	0	0
Utah	0	0	0	0	0	0	0	0
Vermont	Not Reported	0	0	Not Reported	0	0	Not Reported	Not Reported

Virginia	No Answer Provided	Not Reported	0	0	0	0	275	354
Washington	0	0	0	0	0	0	0	0
West Virginia	Not Collected	0	0	0	0	0	0	0
Wisconsin	No Answer Provided	Not Reported	280	305	Not Reported	2	9	409
Wyoming	Not Collected	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	0
Total	17	840	1689	2039	2105	3047	3662	4856
Median	0	0	0	0	0	0	0	0
Average	1	27	37	50	48	65	83	103

Note: “No Answer Provided” indicates that a state did not provide data for this specific status for this particular year.
“Unknown”, “unk”, or “Not Available” indicates that the data could not be accessed by the state.
“Not Reported” indicates that the state did not provide data for the entire year.
In Florida Civilly Committed Sexual Offenders are not considered “forensic” patients. This should be taken into consideration when examining the results.

Civilly Committed Sex Offender Rates per 100,000 Adult Civilians - States with Numerical Values for 1999-2014

One-Day Census Per State of Total Number of Civilly Committed Sex Offenders, 1999-2014								
	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	0	0	0	0	0	0	0	0
Colorado	0	0	0	0	0	0	0	0
Connecticut	0	0	0	0	0	0	0	0
Florida	3	67	151	195	230	445	521	571
Georgia	0	0	0	0	0	0	0	0
Hawaii	0	0	0	0	0	0	0	0
Indiana	0	0	0	0	0	0	0	0
Maryland	0	0	0	0	0	0	0	0
Massachusetts	0	0	0	0	0	0	0	0
Nebraska	4	17	41	54	53	60	71	72
Nevada	0	0	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0	0	0
New York	0	0	0	44	124	213	247	347
North Carolina	0	0	0	0	0	0	0	0
Ohio	0	0	0	0	0	0	0	0

Forensic Patients in State Psychiatric Hospitals: 1999-2016, August 2017

Oklahoma	0	0	0	0	0	0	0	0
South Carolina	13	13	69	64	89	114	140	175
South Dakota	0	0	0	0	0	0	0	0
Tennessee	0	0	0	0	0	0	0	0
Texas	0	0	0	0	0	0	0	0
Utah	0	0	0	0	0	0	0	0
Washington	0	0	0	0	0	0	0	0
Adult Civilian Population, 1999-2014								
	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	3,310,446	3,367,587	3,424,329	3,415,672	3,457,720	3,563,708	3,662,046	3,726,890
Colorado	3,177,044	3,322,974	3,390,666	3,493,795	3,567,730	3,770,144	3,853,311	4,073,356
Connecticut	2,557,792	2,580,476	2,657,283	2,642,985	2,659,430	2,702,723	2,774,309	2,813,652
Florida	12,283,486	12,760,368	13,322,023	13,687,822	13,954,235	14,407,273	15,015,065	15,770,224
Georgia	5,954,362	6,220,214	6,422,057	6,642,180	6,799,344	7,171,442	7,250,275	7,538,231
Hawaii	878,220	905,517	919,716	942,691	953,311	967,291	1,032,690	1,063,904
Indiana	4,504,723	4,562,976	4,636,108	4,674,891	4,715,158	4,829,321	4,913,197	5,011,856
Maryland	3,910,942	4,043,102	4,129,546	4,167,833	4,203,572	4,318,347	4,464,078	4,596,736
Massachusetts	4,847,708	4,959,957	4,947,936	4,961,089	4,981,414	5,154,431	5,190,794	5,349,320
Nebraska	1,253,717	1,282,284	1,305,191	1,301,127	1,310,888	1,338,132	1,374,328	1,408,164
Nevada	1,480,440	1,592,235	1,721,764	1,781,813	1,842,608	1,951,264	2,046,857	2,163,958
New Hampshire	926,066	965,998	993,585	996,357	1,007,896	1,034,351	1,036,024	1,058,281
New York	14,278,716	14,520,990	14,630,644	14,721,490	14,796,441	15,093,731	15,183,488	15,491,177
North Carolina	6,321,650	6,147,967	6,322,555	6,474,992	6,607,749	7,001,804	7,265,080	7,550,095
Ohio	8,458,130	8,534,039	8,672,178	8,653,082	8,678,413	8,818,705	8,839,729	8,946,035
Oklahoma	2,536,569	2,595,976	2,638,222	2,631,551	2,664,895	2,746,163	2,826,505	2,905,323
South Carolina	2,967,197	3,090,720	3,136,488	3,178,711	3,241,789	3,439,970	3,555,971	3,705,611
South Dakota	458,771	561,859	576,226	580,599	588,778	608,830	616,381	639,204
Tennessee	4,274,395	4,375,382	4,492,385	4,526,572	4,599,801	4,783,324	4,885,806	5,033,198
Texas	14,871,550	15,556,396	16,101,165	16,401,811	16,805,081	17,769,097	18,589,169	19,716,732
Utah	1,510,842	1,597,709	1,643,150	1,723,808	1,776,153	1,909,664	1,928,239	2,033,523
Washington	4,336,464	4,499,394	4,660,383	4,711,162	4,803,132	5,044,050	5,190,309	5,405,882
One-Day Census Per State of Total Number of Civilly Committed Sex Offenders Per 100,000 Adult Civilian Population, 1999-2014								
	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	0	0	0	0	0	0	0	0
Colorado	0	0	0	0	0	0	0	0
Connecticut	0	0	0	0	0	0	0	0
Florida	0	1	1	1	2	3	3	4

Georgia	0	0	0	0	0	0	0	0
Hawaii	0	0	0	0	0	0	0	0
Indiana	0	0	0	0	0	0	0	0
Maryland	0	0	0	0	0	0	0	0
Massachusetts	0	0	0	0	0	0	0	0
Nebraska	0	1	3	4	4	4	5	5
Nevada	0	0	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0	0	0
New York	0	0	0	0	1	1	2	2
North Carolina	0	0	0	0	0	0	0	0
Ohio	0	0	0	0	0	0	0	0
Oklahoma	0	0	0	0	0	0	0	0
South Carolina	0	0	2	2	3	3	4	5
South Dakota	0	0	0	0	0	0	0	0
Tennessee	0	0	0	0	0	0	0	0
Texas	0	0	0	0	0	0	0	0
Utah	0	0	0	0	0	0	0	0
Washington	0	0	0	0	0	0	0	0

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state’s population of individuals age 18 or older who are non-military personnel.

In Florida, Civilly Committed Sexual Offenders are not considered “forensic” patients. This should be taken into consideration when examining the results.

Civily Committed Sex Offender Census Percent Change - States with Numerical Values for 1999, 2005, and 2014

Civily Committed Sex Offender Census for 1999, 2005, and 2014						
State	Year			Percent Change		
	1999	2005	2014	1999 to 2005	2005 to 2014	All Years: 1999 to 2014
Alabama	0	0	0			
Arkansas	0	0	0			
Colorado	0	0	0			
Connecticut	0	0	0			
Florida	3	195	571	6400%	193%	18933%
Georgia	0	0	0			
Hawaii	0	0	0			
Indiana	0	0	0			
Maryland	0	0	0			
Massachusetts	0	0	0			
Mississippi	0	0	0			
Nebraska	4	54	72	1250%	33%	1700%
Nevada	0	0	0			
New Hampshire	0	0	0			
New Jersey	0	0	136			
New Mexico	0	0	0			
New York	0	44	347		689%	
North Carolina	0	0	0			
Ohio	0	0	0			
Oklahoma	0	0	0			
Oregon	0	0	0			
Pennsylvania	0	9	46		411%	
South Carolina	13	64	175	392%	173%	1246%
South Dakota	0	0	0			
Tennessee	0	0	0			
Texas	0	0	0			
Utah	0	0	0			
Washington	0	0	0			
All States	17	366	1347	2053%	268%	7824%
Median	0	0	0			
Average	1	13	48			

Note: In Florida Civily Committed Sexual Offenders are not considered “forensic” patients. This

should be taken into consideration when examining the results.

Civily Committed Sex Offender Admission Rates – Responding States with Numerical Values for 2016

2016 Civily Committed Sex Offender Admission Rates			
State	Civily Committed Sex Offenders	Adult Civilian Population for 2016	Rate per 100,000 Adult Civilians
Arizona	13	5187162	0.3
California	45	29868217	0.2
Colorado	0	4164750	0.0
Connecticut	2	2819523	0.1
District of Columbia	Unknown	550598	
Delaware	0	737989	0.0
Florida	73	16097744	0.5
Georgia	0	7647244	0.0
Hawaii	0	1072558	0.0
Idaho	0	1218232	0.0
Illinois	No Answer Provided	9872939	
Indiana	0	5037478	0.0
Iowa	1	2393804	0.0
Maryland	0	4628343	0.0
Massachusetts	0	5402359	0.0
Michigan	No Response	7711085	
Minnesota	15	4203014	0.4
Missouri	20	4676467	0.4
Mississippi	0	2250779	0.0
Montana	1	802815	0.4
Nebraska	73	1419307	5.1
Nevada	No Response	2210608	
New Hampshire	0	1064993	0.0
New Mexico	0	1576722	0.0
New Jersey	44	6950153	0.6
New York	No Answer provided	15559503	
North Carolina	0	7648418	0.0
Ohio	0	8976016	0.0
Pennsylvania	Not Available	10106273	
South Carolina	15	3763158	0.4

South Dakota	0	644083	0.0
Tennessee	0	5081001	0.0
Texas	0	20139228	0.0
Utah	0	2078429	0.0
Virginia	57	6401225	0.9
Washington	0	5504598	0.0
Wisconsin	12	4473776	0.3
Median for all states			0.4

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.
 In Florida Civilly Committed Sexual Offenders are not considered "forensic" patients. This should be taken into consideration when examining the results.

State Prison Transfers One-Day Census - All States

One-Day Census Per State of State Prison Transfer Patients, 1999-2014: All States								
State	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	0	1	0	0	0	0	0	1
Alaska	No Answer Provided	Not Reported	No Answer Provided	N/A	Not Reported	0	0	0
Arizona	1	Not Reported	0	0	Not Reported	0	0	0
Arkansas	No Answer Provided	Not Reported	Unknown	Unknown	0	0	0	0
California	244	133	172	192	171	670	809	1,005
Colorado	17	16	13	10	17	21	8	0
Connecticut	5	2	4	4	1	0	1	0
District of Columbia	6	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Delaware	Not Reported	unk	Unk	14	14	9	8	6
Florida	0	0	0	0	0	0	0	0
Georgia	11	27	4	0	0	0	0	0
Hawaii	0	0	0	0	0	0	0	0
Idaho	Not Reported	Not Reported	0	Unknown	Unknown	0	0	0
Illinois	Not Available	0	0	0	0	0	0	0
Indiana	57	47	0	0	40	0	60	0
Iowa	Unknown	NR	Unknown	Unknown	Unknown	0	Unknown	Unknown
Kansas	Not Reported	Not Reported	8	95	93	113	106	102
Kentucky	Unknown	Unknown	Unknown	Not Reported	Unknown	Unknown	Unknown	Not Available
Louisiana	No Answer Provided	No Answer Provided	0	No Answer Provided	0	0	Not Reported	Not Reported
Maine	Not Reported	Not Reported	1	1	1	1	0	0
Maryland	3	13	9	0	0	5	1	4
Massachusetts	25	No Answer Provided	Unknown	3	20	0	3	No Answer Provided
Michigan	Not Reported	Not Reported	0	Not Reported	No Answer Provided	0	0	0
Minnesota	No Answer Provided	NR	0	0	0	0	0	0
Missouri	32	30	16	17	20	20	19	19
Mississippi	Not Available	Not Reported	1	0	0	0	0	1
Montana	Not Reported	Not Reported	Not Reported	4	2	3	2	0
Nebraska	0	0	0	0	0	0	0	0

Nevada	0	0	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	22	51	6	38	42	35	30	29
New Mexico	1	0	0	0	0	Not Reported	Not Reported	0
New York	167	168	172	164	166	142	130	103
North Carolina	2	0	0	0	0	0	0	0
North Dakota	Not Reported	Not Reported	No Answer Provided	Not Reported	0	0	0	0
Ohio	0	0	0	0	0	0	0	0
Oklahoma	No Answer Provided	No Answer Provided	No Answer Provided	0	0	0	0	0
Oregon	10	Not Reported	0	2	2		0	0
Pennsylvania	185	No Answer Provided	No Answer Provided	0	0	0	NA	1
Rhode Island	6	5	3	5	5	Not Reported	Not Reported	Not Reported
South Carolina	0	0	0	0	0	0	1	0
South Dakota	1	3	0	0	0	0	0	0
Tennessee	0	0	0	0	0	0	0	0
Texas	0	0	0	0	0	0	0	0
Utah	2	2	4	3	1	2	2	2
Vermont	Not Reported	No Answer Provided	No Answer Provided	0	0	0	0	0
Virginia	22	Not Reported	21	27	31	20	30	22
Washington	0	0	0	0	0	0	0	0
West Virginia	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	0	0	N/A
Wisconsin	No Answer Provided	Not Reported	338	340	Not Reported	3	5	0
Wyoming	10	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	0
Total	829	498	772	919	626	1,044	1,215	1,295
Median	3	1	0	0	0	0	0	0
Average	26	19	21	23	15	23	28	29

Note: “No Answer Provided” indicates that a state did not provide data for this specific status for this particular year.

“Unknown”, “unk”, or “Not Available” indicates that the data could not be accessed by the state.

“Not Reported” indicates that the state did not provide data for the entire year.

State Prison Transfers One-Day Census Percent Change - States with Numerical Values for 1999, 2005, and 2014

State Prison Transfer Census for 1999, 2005, and 2014						
State	Year			Percent Change		
	1999	2005	2014	1999 to 2005	2005 to 2014	1999 to 2014
Alabama	0	0	1			
Arizona	1	0	0	-100%		-100%
California	244	192	1005	-21%	423%	312%
Colorado	17	12	0	-29%	-100%	-100%
Connecticut	5	4	0	-20%	-100%	-100%
District of Columbia	6	0	0	-100%		-100%
Florida	0	0	0			
Georgia	11	0	0	-100%		-100%
Hawaii	0	0	0			
Indiana	57	0	0	-100%		-100%
Maryland	3	0	4	-100%		33%
Missouri	32	17	19	-47%	12%	-41%
Nebraska	0	0	0			
Nevada	0	0	0			
New Hampshire	0	0	74			
New Jersey	22	38	29	73%	-24%	32%
New Mexico	1	0	0	-100%		-100%
New York	167	164	103	-2%	-37%	-38%
North Carolina	2	0	0	-100%		-100%
Ohio	0	0	0			
Oregon	10	2	0	-80%	-100%	-100%
Pennsylvania	185	0	1	-100%		-99%
South Carolina	0	0	0			
South Dakota	1	0	0	-100%		-100%
Tennessee	0	0	0			
Texas	0	0	0			
Utah	2	3	2	50%	-33%	0%
Virginia	22	27	22	23%	-19%	0%
Washington	0	0	0			
All States	788	459	1260	-42%	175%	60%

Median	2	0	0	
Average	27	16	43	

State Prison Transfer Admission Rates – Responding States with Numerical Values for 2016

2016 State Prison Transfer Admission Rates			
State	State Prison Transfers	Adult Civilian Population for 2016	Rate per 100,000 Adult Civilians
Arizona	0	5187162	0.0
California	2319	29868217	7.8
Colorado	0	4164750	0.0
Connecticut	3	2819523	0.1
District of Columbia	Unknown	550598	
Delaware	2	737989	0.3
Florida	0	16097744	0.0
Georgia	0	7647244	0.0
Hawaii	0	1072558	0.0
Idaho	0	1218232	0.0
Illinois	0	9872939	0.0
Indiana	0	5037478	0.0
Iowa	2	2393804	0.1
Maryland	1	4628343	0.0
Massachusetts	23	5402359	0.4
Michigan	No Response	7711085	
Minnesota	0	4203014	0.0
Missouri	6	4676467	0.1
Mississippi	0	2250779	0.0
Montana	1	802815	0.0
Nebraska	0	1419307	0.0
Nevada	No Response	2210608	
New Hampshire	0	1064993	0.0
New Mexico	0	1576722	0.0
New Jersey	25	6950153	0.4
New York	292	15559503	1.9
North Carolina	0	7648418	0.0
Ohio	0	8976016	0.0
Pennsylvania	Not Available	10106273	
South Carolina	0	3763158	0.0
South Dakota	0	644083	0.0

Tennessee	0	5081001	0.0
Texas	0	20139228	0.0
Utah	2	2078429	0.1
Virginia	8	6401225	0.1
Washington	0	5504598	0.0
Wisconsin	0	4473776	0.0
Median for all states			0.2

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.

Jail Detainee Transfers One-Day Census - All States

One-Day Census Per State of Jail Detainee Transfer Patients, 1999-2014: All States								
State	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	Not Collected	Not Collected	Not Collected	No Answer Provided	No Answer Provided	No Answer Provided	0	119
Alaska	No Answer Provided	Not Reported	No Answer Provided	N/A	Not Reported	0	0	0
Arizona	0	Not Reported	0	0	Not Reported	0	0	0
Arkansas	Not Collected	Not Reported	Unknown	Unknown	0	4	30	105
California	No Answer Provided	No Answer Provided	No Answer Provided	560	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided
Colorado	0	0	0	0	0	0	0	0
Connecticut	0	0	0	0	1	0	0	0
District of Columbia	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Delaware	Not Reported	0	0	0	0	0	0	0
Florida	0	0	0	0	0	0	0	0
Georgia	32	73	51	40	30	23	13	14
Hawaii	Unknown	2	5	7	5	4	5	2
Idaho	Not Reported	Not Reported	0	Unknown	Unknown	0	0	0
Illinois	Not Available	0	0	0	0	0	0	0
Indiana	0	0	0	0	0	0	29	0
Iowa	Unknown	NR	Unknown	Unknown	Unknown	0	Unknown	Unknown
Kansas	Not Reported	Not Reported	Not Collected	0	9	Unknown	Unknown	15
Kentucky	Unknown	Unknown	Unknown	Not Reported	Unknown	Unknown	Unknown	Not Available
Louisiana	Not Collected	Not Collected	Not Collected	No Answer Provided	0	129	Not Reported	Not Reported
Maine	Not Reported	Not Reported	Not Collected	Unknown	Unknown	2	1	1
Maryland	0	0	0	7	9	11	6	14
Massachusetts	Not Collected	Not Collected	Not Collected	2	0	0	2	18
Michigan	Not Reported	Not Reported	No Answer Provided	Not Reported	No Answer Provided	0	1	0
Minnesota	Not Collected	NR	0	0	0	0	0	0

Missouri	UNK	UNK	UNK	UNK	UNK	17	21	20
Mississippi	Not Available	Not Reported	0	0	0	0	0	15
Montana	Not Reported	Not Reported	Not Reported	0	8	0	0	0
Nebraska	0	0	0	0	0	0	0	0
Nevada	0	0	0	0	0	0	0	62
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	0	0	0	138	99	231	230	241
New Mexico	0	0	0	0	0	Not Reported	Not Reported	0
New York	16	24	13	6	20	14	9	16
North Carolina	0	0	0	5	5	0	0	12
North Dakota	Not Reported	Not Reported	No Answer Provided	Not Reported	2	2	4	0
Ohio	35	29	16	12	15	21	15	20
Oklahoma	No Answer Provided	No Answer Provided	No Answer Provided	0	0	0	0	0
Oregon	Not Collected	Not Reported	Not Collected	0	0	0	0	0
Pennsylvania	0	No Answer Provided	No Answer Provided	171	185	49	NA	223
Rhode Island	Not Collected	Not Collected	0	0	0	Not Reported	Not Reported	Not Reported
South Carolina	17	0	0	0	8	0	Unknown	2
South Dakota	0	0	0	0	0	0	0	0
Tennessee	unknown	unknown	unknown	unknown	19	4	4	75
Texas	0	0	0	0	0	0	0	0
Utah	0	0	0	0	0	0	0	Unknown
Vermont	Not Reported	Not Collected	Not Collected	Not Reported	0	0	Not Reported	Not Reported
Virginia	No Answer Provided	Not Reported	No Answer Provided	33	34	22	14	21
Washington	0	0	0	0	0	0	0	0
West Virginia	Not Collected	Not Collected	Not Collected	No Answer Provided	No Answer Provided	0	3	N/A
Wisconsin	No Answer Provided	Not Reported	0	0	Not Reported	0	53	0
Wyoming	Not Collected	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	0
Total	100	128	85	981	449	533	440	995
Median	0	0	0	0	0	0	0	0
Average	5	6	3	28	12	12	11	24

Note: "No Answer Provided" indicates that a state did not provide data for this specific status for this particular year.

Forensic Patients in State Psychiatric Hospitals: 1999-2016, August 2017

“Unknown”, “unk”, or “Not Available” indicates that the data could not be accessed by the state.
 “Not Reported” indicates that the state did not provide data for the entire year.

Jail Detainee Transfers One-Day Census Percent Change - States with Numerical Values for 1999, 2005, and 2014

Jail Detainee Transfer Census for 1999, 2005, and 2014						
State	Year			Percent Change		
	1999	2005	2014	1999 to 2005	2005 to 2014	1999 to 2014
Arizona	0	0	0			
Colorado	0	0	0			
Connecticut	0	0	0			
District of Columbia	0	0	0			
Florida	0	0	0			
Georgia	32	40	14	25%	-65%	-56%
Indiana	0	0	0			
Maryland	0	7	14		100%	
North Carolina	0	5	12		140%	
Nebraska	0	0	0			
Nevada	0	0	62			
New Hampshire	0	0	0			
New Jersey	0	138	241		75%	
New Mexico	0	0	0			
NY	16	6	16	-63%	167%	0%
North Carolina	0	5	12		140%	
Ohio	35	12	20	-66%	67%	-43%
Pennsylvania	0	171	223		30%	
South Carolina	17	0	2	-100%		-88%
South Dakota	0	0	0			
Texas	0	0	0			
Washington	0	0	0			
All States	100	384	616	284%	60%	516%
Median	0	0	0			
Average	5	18	29			

Jail Detainee Transfer Admission Rates - Responding States with Numerical Values for 2016

2016 Jail Detainee Transfer Admission Rates			
State	Jail Detainee Transfers	Adult Civilian Population for 2016	Rate per 100,000 Adult Civilians
Arizona	0	5187162	0.0
California	0	29868217	0.0
Colorado	0	4164750	0.0
Connecticut	1	2819523	0.0
District of Columbia	Unknown	550598	
Delaware	0	737989	0.0
Florida	0	16097744	0.0
Georgia	217	7647244	2.8
Hawaii	0	1072558	0.0
Idaho	0	1218232	0.0
Illinois	0	9872939	0.0
Indiana	0	5037478	0.0
Iowa	6	2393804	0.3
Maryland	26	4628343	0.6
Massachusetts	64	5402359	1.2
Michigan	No Response	7711085	
Minnesota	0	4203014	0.0
Missouri	20	4676467	0.4
Mississippi	0	2250779	0.0
Montana	0	802815	0.0
Nebraska	0	1419307	0.0
Nevada	No Response	2210608	
New Hampshire	0	1064993	0.0
New Mexico	0	1576722	0.0
New Jersey	279	6950153	4.0
New York	30	15559503	0.2
North Carolina	0	7648418	0.0
Ohio	380	8976016	4.2
Pennsylvania	Not Available	10106273	
South Carolina	107	3763158	2.8

South Dakota	0	644083	0.0
Tennessee	0	5081001	0.0
Texas	0	20139228	0.0
Utah	0	2078429	0.0
Virginia	391	6401225	6.1
Washington	0	5504598	0.0
Wisconsin	0	4473776	0.0
Median for all states			2.0

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.

Other Forensic Patients One-Day Census - All States

One-Day Census Per State of Other Forensic Patients, 1999-2014: All States								
State	1999	2002	2004	2005	2006	2009	2011	2014
Alabama	0	0	0	0	0	0	1	NA
Alaska	No Answer Provided	Not Reported	No Answer Provided	N/A	Not Reported	0	0	0
Arizona	63	Not Reported	1	No Answer Provided	Not Reported	0	0	0
Arkansas	No Answer Provided	Not Reported	Unknown	Unknown	0	0	0	0
California	1,084	No Answer Provided	1,087	No Answer Provided	1,178	1,324	1,334	1,225
Colorado	0	0	0	0	0	0	0	0
Connecticut	12	49	1	33	41	58	54	45
D.C.	6	Unknown	Unknown	105	Unknown	1	1	2
Delaware	Not Reported	0	0	1	0	0	0	0
Florida	0	0	0	0	0	0	0	0
Georgia	55	74	91	113	114	178	179	193
Hawaii	Unknown	35	32	46	50	50	70	68
Idaho	Not Reported	Not Reported	No Answer Provided	Unknown	Unknown	0	0	0
Illinois	150	0	0	0	0	0	0	0
Indiana	0	No Answer Provided	52	112	86	44	37	0
Iowa	Unknown	NR	Unknown	Unknown	Unknown	0	Unknown	Unknown
Kansas	Not Reported	Not Reported	No Answer Provided	11	7	0	0	0
Kentucky	Unknown	Unknown	Unknown	Not Reported	Unknown	Unknown	Unknown	Not Applicable
Louisiana	No Answer Provided	No Answer Provided	0	4	23	115	Not Reported	Not Reported
Maine	Not Reported	Not Reported	8	0	0	0	0	0
Maryland	0	0	0	0	0	0	0	0
Massachusetts	No Answer Provided	No Answer Provided	0	0	0	0	0	0
Michigan	Not Reported	Not Reported	0	Not Reported	No Answer Provided	0	0	1

Minnesota	No Answer Provided	NR	217	238	259	272	248	207
Missouri	15	17	9	9	9	93	74	91
Mississippi	Not Available	Not Reported	2	2	2	5	6	0
Montana	Not Reported	Not Reported	Not Reported	0	0	0	0	0
Nebraska	4	4	1	2	1	2	4	2
Nevada	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	2	4	8
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	86	0	0		0	0	114	NA
New Mexico	0	7	14	0	0	Not Reported	Not Reported	13
New York	83	43	39	37	23	2	36	10
North Carolina	25	0	0	0	0	0	0	20
North Dakota	Not Reported	Not Reported	No Answer Provided	Not Reported	90	90	0	26
Ohio	150	157	195	181	183	165	161	202
Oklahoma	9	No Answer Provided	No Answer Provided	7	124	4	6	0
Oregon	18	Not Reported	0	0	354	0	0	0
Pennsylvania	0	No Answer Provided	0	0	15	11	43	0
Rhode Island	No Answer Provided	No Answer Provided	0	0	0	Not Reported	Not Reported	Not Reported
South Carolina	0	0	0	0	0	0	0	0
South Dakota	0	0	0	0	0	0	0	0
Tennessee	0	0	0	0	0	0	0	0
Texas	0	0	0	0	0	0	0	0
Utah	7	0	3	5	2	1	8	0
Vermont	Not Reported	No Answer Provided	0	Not Reported	0	0	Not Reported	Not Reported
Virginia	63	Not Reported	56	0	0	0	0	0
Washington	0	0	0	0	0	0	9	7
West Virginia	No Answer Provided	No Answer Provided	1	43	No Answer Provided	0	0	0
Wisconsin	No Answer Provided	Not Reported	No Answer Provided	0	Not Reported	77	No Answer Provided	0
Wyoming	No Answer Provided	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	0
Total	1,830	386	1809	949	2561	2494	2389	2120

Forensic Patients in State Psychiatric Hospitals: 1999-2016, August 2017

Median	6	0	0	0	0	0	0	0
Average	63	17	48	25	64	53	56	48

Note: “No Answer Provided” indicates that a state did not provide data for this specific status for this particular year.
“Unknown”, “unk”, or “Not Available” indicates that the data could not be accessed by the state.
“Not Reported” indicates that the state did not provide data for the entire year.

Other Forensic Patients One-Day Census Percent Change - States with Numerical Values for 1999, 2005, and 2014

Other Forensic Census for 1999, 2005, and 2014						
State	Year			Percent Change		
	1999	2005	2014	1996 to 2006	2006 to 2016	1996 to 2016
Colorado	0	0	0			
Connecticut	12	33	45	175%	36%	275%
District of Columbia	6	105	2	1650%	-98%	-67%
Florida	0	0	0			
Georgia	55	113	193	105%	71%	251%
Illinois	150	0	0	-100%		-100%
Indiana	0	112	0		-100%	
Maryland	0	0	0			
Missouri	15	9	91	-40%	911%	507%
Nebraska	4	2	2	-50%	0%	-50%
New Hampshire	0	0	0			
New Mexico	0	0	13			
New York	83	37	10	-55%	-73%	-88%
North Carolina	25	0	20	-100%		-20%
Ohio	150	181	202	21%	12%	35%
Oklahoma	9	7	0	-22%	-100%	-100%
Oregon	18	0	0	-100%		-100%
Pennsylvania	0	0	0			
South Carolina	0	0	0			
South Dakota	0	0	0			
Tennessee	0	0	0			
Texas	0	0	0			
Utah	7	5	0	-29%	-100%	-100%
Virginia	63	0	0	-100%		-100%
Washington	0	0	7			

All States	597	604	585	1%	-3%	-2%
Median	4	0	0			
Average	24	24	23			

Other Forensic Patients Admission Rates – Responding States with Numerical Values for 2016

2016 Other Forensic Admission Rates			
State	Other Forensic	Adult Civilian Population for 2016	Rate per 100,000 Adult Civilians
Arizona	0	5187162	0.0
California	442	29868217	1.5
Colorado	0	4164750	0.0
Connecticut	0	2819523	0.0
District of Columbia	2	550598	0.4
Delaware	0	737989	0.0
Florida	34	16097744	0.2
Georgia	36	7647244	0.5
Hawaii	92	1072558	8.6
Idaho	0	1218232	0.0
Illinois	0	9872939	0.0
Indiana	31	5037478	0.6
Iowa	0	2393804	0.0
Maryland	0	4628343	0.0
Massachusetts	54	5402359	1.0
Michigan	No Response	7711085	
Minnesota	78	4203014	1.9
Missouri	93	4676467	2.0
Mississippi	16	2250779	0.7
Montana	127	802815	1.9
Nebraska	10	1419307	0.7
Nevada	No Response	2210608	
New Hampshire	0	1064993	0.0
New Mexico	0	1576722	0.0
New Jersey	115	6950153	1.7
New York	31	15559503	0.2
North Carolina	22	7648418	0.3

Ohio	233	8976016	2.6
Pennsylvania	Not Available	10106273	
South Carolina	0	3763158	0.0
South Dakota	0	644083	0.0
Tennessee	0	5081001	0.0
Texas	0	20139228	0.0
Utah	0	2078429	0.0
Virginia	0	6401225	0.0
Washington	21	5504598	0.4
Wisconsin	0	4473776	0.0
Median for all states			0.7

Note: The adult civilian population numbers are derived from the Census Bureau. The adult civilian population numbers are based on the state's population of individuals age 18 or older who are non-military personnel.

Forensic Expenditures, 2004-2015: All States

Forensic Expenditure: 2004-2015												
State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alabama	10,700,000	11,200,000	11,900,000	13,100,000	14,600,000	14,600,000	14,600,000	14,400,000	14,000,000	14,500,000	15,000,000	15,300,000
Alaska	1,898,000	2,320,080	2,598,046	2,939,642	3,221,116	3,263,149	3,738,352	5,976,559	4,989,517	4,902,081	4,516,964	9,711,261
Arkansas	4,027,893	4,764,706	5,346,866	6,140,294	6,835,736	7,666,073	9,019,632	9,019,632	27,468,001	31,680,097	29,024,796	29,181,134
Arizona	22,900,000	23,400,000	26,300,000	28,700,000	30,000,000	29,300,000	32,100,000	30,300,000	30,800,000	29,700,000	32,100,000	31,200,000
California	501,500,000	577,400,000	685,671,149	512,959,379	604,094,135	637,800,460	645,051,564	709,535,521	734,568,403	727,577,333	840,241,322	890,101,101
Colorado	31,733,368	40,896,511	40,963,370	45,514,592	48,732,817	51,907,431	57,359,531	57,000,000	59,500,000	62,000,000	65,600,000	70,500,000
Connecticut	73,800,000	76,000,000	89,800,000	90,300,000	96,100,000	96,800,000	90,700,000	89,000,000	93,312,000	90,200,000	108,700,000	112,700,000
District of Columbia	29,291,800	29,957,900	30,612,000	33,522,672	45,209,816	47,500,000	51,354,336	45,439,693	47,648,257	58,289,723	59,966,707	58,130,715
Delaware	4,714,200	5,421,600	5,262,900	6,855,800	7,737,400	7,486,713	7,476,661	8,651,580	9,115,009	6,900,591	10,908,157	7,977,709
Florida	125,386,736	264,903,358	107,366,105	129,833,295	156,480,187	141,339,755	145,836,070	145,835,242	131,730,226	124,834,396	131,282,879	132,622,817
Georgia	28,031,487	27,352,177	63,635,250	52,054,526	69,356,456	66,252,650	80,386,730	96,087,916	107,810,205	123,396,904	133,074,828	135,846,844
Hawaii	Not Available	Not Available	Not Available	No Answer Provided	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Iowa	687,567	1,689,721	2,513,623	2,290,000	478,834	188,109	188,109	200,000	200,000	200,000	200,000	200,000
Idaho	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	3,000,000
Illinois	100,300,000	107,700,000	112,600,000	122,900,000	132,200,000	130,400,000	120,000,000	117,900,000	114,300,000	108,600,000	126,000,000	115,322,442
Indiana	22,138,353	30,368,710	39,597,650	42,395,815	45,390,446	47,202,000	43,937,000	40,160,000	41,838,000	40,420,000	50,872,000	48,263,000
Kansas	9,000,000	15,700,000	17,300,000	24,000,000	26,200,000	22,300,000	23,900,000	22,900,000	23,700,000	25,100,000	26,500,000	23,200,000
Kentucky	10,600,000	10,800,000	11,500,000	12,300,000	12,300,000	12,900,000	12,700,000	12,300,000	12,300,000	11,800,000	11,400,000	10,400,000
Louisiana	63,667,899	74,800,000	78,766,000	78,143,827	62,886,144	53,117,794	51,300,000	32,200,000	50,500,000	44,542,000	47,186,000	47,800,000
Maine	52,500,000	51,900,000	6,384,000	16,752,117	16,751,847	NA	18,143,501	16,886,631	30,789,493	NA	6,689,944	20,480,569
Maryland	98,900,000	114,600,000	123,700,000	131,665,000	137,600,000	141,200,000	146,200,000	148,200,000	175,900,000	184,000,000	193,800,000	210,477,578
Massachusetts	47,600,000	50,900,000	52,700,000	56,800,000	60,000,000	55,700,000	51,300,000	44,500,000	45,000,000	47,300,000	52,300,000	56,000,000
Michigan	NA	NA	NA	NA	52,000,000	57,300,000	59,700,000	61,500,000	65,100,000	68,900,000	70,700,000	72,700,000
Minnesota	39,462,525	47,323,920	43,738,667	69,691,158	78,441,987	72,374,142	75,480,616	73,649,910	70,104,118	74,879,026	82,550,675	89,386,044
Missouri	88,907,072	89,293,770	82,076,592	89,104,866	93,379,920	106,425,888	114,938,552	102,525,942	87,083,150	89,495,804	87,088,924	95,574,544
Mississippi	3,421,373	3,333,373	3,200,000	3,700,000	4,100,000	4,800,000	4,900,000	4,960,000	5,037,000	5,028,000	4,987,000	5,315,000
Montana	4,554,851	5,035,806	8,089,725	9,600,000	5,440,877	5,870,785	6,782,256	6,708,064	6,786,970	9,738,536	9,933,770	10,499,790
Nebraska	11,900,000	12,300,000	NA	11,857,454	7,801,521	8,592,351	10,855,876	10,529,729	11,380,690	11,546,539	11,978,537	12,789,452
Nevada	5,103,601	5,600,000	6,800,000	8,500,000	8,500,000	10,200,000	9,300,000	9,400,000	8,600,000	7,690,033	10,500,000	9,400,000
New Hampshire	0	0	0	0	0	0	0	0	0	0	0	0
New Jersey	N	67,700,000	71,900,000	78,900,000	83,600,000	91,400,000	101,200,000	97,100,000	114,640,000	113,760,000	126,534,000	144,028,000
New Mexico	NA	NA	4,741,000	0	8,292,594	8,400,000	9,536,032	9,500,000	9,700,000	9,700,000	11,700,000	10,600,000
New York	133,000,000	141,200,000	149,000,000	161,300,000	157,600,000	189,700,000	177,800,000	180,400,000	199,900,000	180,200,000	205,100,000	211,900,000
North Carolina	5,480,556	5,961,918	6,457,371	7,263,305	11,386,914	11,425,462	9,994,415	11,553,703	13,224,827	12,348,450	12,513,310	13,105,668
North Dakota	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided
Ohio	118,313,287	127,372,095	132,458,730	141,215,796	150,799,458	143,131,139	136,205,255	139,640,203	131,586,832	134,490,301	142,523,703	140,771,424

Oklahoma	15,000,000	16,300,000	18,600,000	18,100,000	20,100,000	20,000,000	19,800,000	20,000,000	19,800,000	18,800,000	18,745,000	18,745,000
Oregon	50,476,447	52,396,630	59,900,000	60,100,000	72,330,000	90,394,456	132,713,188	157,500,000	171,600,000	165,200,000	148,200,000	153,000,000
Pennsylvania	39,624,361	39,533,115	49,527,795	60,371,507	65,719,105	75,037,926	43,400,000	49,000,000	50,000,000	63,300,000	70,200,000	74,300,000
Rhode Island	No Response Provided	No Response Provided	NA	NA	N/A	N/A	N/A	No Response Provided	No Response Provided	No Response Provided	No Response Provided	No Response Provided
South Carolina	19,000,000	19,700,000	17,900,000	20,900,000	18,700,000	18,600,000	20,600,000	21,800,000	23,500,000	24,200,000	26,400,000	29,900,000
South Dakota	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Tennessee	30,300,000	35,400,000	33,700,000	41,900,000	36,900,000	41,000,000	25,700,000	23,500,000	25,300,000	27,900,000	26,900,000	26,500,000
Texas	82,574,652	71,432,400	82,791,984	96,711,140	104,473,180	116,993,956	116,666,940	117,212,116	124,531,800	147,551,492	170,950,080	180,445,588
Utah	11,000,000	12,000,000	14,400,000	15,681,535	16,596,770	16,646,094	16,582,293	16,300,000	16,737,507	17,200,000	14,900,000	17,200,000
Vermont	No Answer Provided	7,650,000	7,600,000	8,600,000	9,923,690	8,938,000	9,000,000	7,100,000	NA	NA	10,339,567	8,197,145
Virginia	17,500,000	14,700,000	19,500,000	21,400,000	23,400,000	24,500,000	23,400,000	24,400,000	26,600,000	27,900,000	28,100,000	34,900,000
Washington	31,602,991	34,063,104	37,603,714	39,000,000	44,300,000	44,500,000	44,400,000	44,500,000	40,500,000	47,400,000	50,000,000	50,900,000
West Virginia	10,100,000	12,300,000	12,400,000	16,500,000	15,500,000	17,500,000	18,500,000	18,900,000	19,600,000	25,600,000	23,700,000	19,200,000
Wisconsin	77,760,000	82,200,000	85,600,000	91,700,000	99,900,000	105,500,000	106,000,000	108,300,000	119,000,000	121,000,000	132,000,000	136,400,000
Wyoming	5,899,614	6,540,678	7,270,414	7,326,274	6,879,191	7,468,036	6,477,226	NA	NA	8,415,440	8,070,674	7,729,987
Total	2,040,358,632	2,431,411,572	2,469,772,951	2,488,589,995	2,772,240,139	2,863,622,369	2,905,224,135	2,962,472,441	3,115,782,005	3,148,186,746	3,449,978,837	3,601,902,811

Sex Offender Expenditures, 2004-2015: All States

Sex Offender Expenditure: 2004-2015												
State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alabama	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Alaska	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Arkansas	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Arizona	9,700,000	9,600,000	10,000,000	11,300,000	10,900,000	9,800,000	8,800,000	9,300,000	9,300,000	9,000,000	9,600,000.00	9,600,000.00
California	85,000,000	91,400,000	103,531,919	106,128,428	138,661,030	161,605,116	165,384,394	177,157,651	186,924,269	181,884,298	208,341,269.55	208,318,182.23
Colorado	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Connecticut	0	0	0	0	0	0	0	0	0	0	0.00	0.00
District of Columbia	597,976	597,976	610,000	680,762	1,004,663	1,072,000	1,316,778	1,070,550	689,548	638,437	686,765.00	1,071,742.00
Delaware	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Florida	23,209,655	23,042,384	24,170,409	25,872,546	26,853,554	29,618,725	31,868,381	30,683,244	31,715,745	30,901,950	30,716,246.40	30,947,097.22
Georgia	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Hawaii	Unknown	Not Available	Not Available	No Answer provided	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Iowa	3,780,180	3,605,326	4,772,663	5,270,000	6,328,293	6,898,000	6,918,609	7,200,000	7,900,000	9,400,000	9,400,000.00	9,900,000.00
Idaho	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	0.00
Illinois	16,000,000	17,400,000	18,400,000	21,600,000	25,700,000	27,300,000	24,600,000	24,700,000	24,300,000	22,900,000	29,900,000.00	30,980,890.00
Indiana	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Kansas	4,500,000	10,500,000	13,700,000	17,000,000	18,000,000	17,100,000	18,100,000	17,700,000	18,300,000	22,700,000	18,900,000.00	22,400,000.00
Kentucky	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Louisiana	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Maine	NA	NA	No Answer Provided	NA	NA	NA	NA	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided
Maryland	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Massachusetts	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Michigan	NA	NA	NA	NA	NA	No Answer Provided	N/A	NA	NA	NA	NA	NA
Minnesota	23,421,218	30,474,956	58,039,068	68,489,392	71,426,716	71,081,918	NA	NA	NA	NA	NA	NA
Missouri	7,165,962	10,050,587	11,886,597	13,614,407	16,435,604	19,080,785	17,919,781	23,945,253	30,412,473	38,867,680	45,509,667.00	46,011,150.00
Mississippi	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Montana	Na	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Nebraska	6,000,000	7,700,000	NA	8,098,457	15,780,116	19,018,759	21,067,329	23,054,970	23,123,447	22,364,135	23,283,875.00	24,055,553.00
Nevada	0	0	0	0	0	0	0	0	0	0	2,000,000.00	2,600,000.00
New Hampshire	0	0	0	0	0	0	0	0	0	0	0.00	0.00
New Jersey	N	10,800,000	10,200,000	9,500,000	9,100,000	9,900,000	9,700,000	10,500,000	11,922,000	21,390,000	24,641,000.00	16,850,000.00
New Mexico	0	0	0	0	0	0	0	0	0	0	0.00	0.00
New York	0	0	NA	NA	28,700,000	43,100,000	46,700,000	44,800,000	49,900,000	50,700,000	57,100,000.00	76,400,000.00

North Carolina	0	0	0	0	0	0	0	0	0	0	0.00	0.00
North Dakota	1,171,000	1,173,789	2,418,545	3,543,540	No Answer Provided	No Answer Provided	4,887,003	5,037,790	5,483,839	5,483,839	6,081,913.00	6,294,072.00
Ohio	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Oklahoma	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Oregon	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Pennsylvania	0	0	0	0	0	0	3,500,000	3,500,000	3,700,000	4,600,000	6,600,000.00	12,400,000.00
Rhode Island	No Response Provided	No Response Provided	NA	NA	N/A	N/A	N/A	No Response Provided	No Response Provided	No Response Provided	No Response Provided	No Response Provided
South Carolina	3,400,000	3,900,000	4,100,000	4,200,000	6,200,000	6,900,000	8,400,000	8,900,000	10,700,000	13,800,000	14,000,000.00	14,400,000.00
South Dakota	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Tennessee	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Texas	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Utah	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Vermont	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Virginia	2,000,000	4,100,000	5,400,000	6,300,000	10,100,000	14,100,000	17,300,000	24,400,000	25,700,000	28,100,000	29,400,000.00	33,900,000.00
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Wisconsin	31,440,000	33,700,000	36,200,000	40,700,000	45,600,000	49,900,000	50,200,000	52,500,000	53,200,000	50,000,000	48,400,000.00	52,700,000.00
Wyoming	0	0	0	0	0	0	0	0	0	0	0.00	0.00
Total	217,385,991	258,045,017	303,429,202	342,297,532	430,789,975	486,475,303	436,662,274	464,449,458	493,271,321	512,730,339	564,560,736	598,828,686

Civil Expenditures, 2004-2015: All States

Civil Expenditure: 2004-2015												
State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alabama	101,800,000	114,100,000	124,900,000	138,900,000	152,400,000	150,300,000	146,200,000	136,248,523	118,700,000	84,800,000	84,620,000	77,400,000
Alaska	16,754,590	17,013,920	17,922,154	21,616,658	23,776,384	23,930,551	26,212,748	26,290,541	27,223,583	26,746,519	22,685,338	23,187,857
Arkansas	22,551,739	23,476,637	28,921,192	30,897,154	32,904,298	35,221,093	34,741,990	34,741,990	22,286,089	21,004,426	19,363,176	18,939,878
Arizona	30,500,000	29,600,000	27,600,000	32,200,000	37,000,000	33,700,000	27,500,000	27,000,000	30,100,000	30,000,000	30,600,000	29,000,000
California	113,300,000	95,600,000	91,217,611	95,646,215	110,011,117	106,373,240	99,032,571	103,509,921	112,273,527	111,996,732	123,660,769	137,108,294
Colorado	40,353,549	49,181,857	50,863,625	53,688,522	58,421,683	62,305,609	56,164,331	51,400,000	49,200,000	52,200,000	55,300,000	58,100,000
Connecticut	72,400,000	91,600,000	89,300,000	100,600,000	115,600,000	123,800,000	112,200,000	96,100,000	101,088,000	93,900,000	102,700,000	102,400,000
District of Columbia	50,893,404	49,701,275	46,966,634	50,009,364	54,251,779	53,840,000	46,708,346	36,344,195	34,284,752	24,485,153	26,366,484	19,088,793
Delaware	32,495,200	33,589,200	37,179,900	38,402,600	38,254,700	35,987,293	33,739,587	31,588,329	29,672,264	27,420,053	21,174,657	25,018,938
Florida	289,932,971	170,289,054	239,025,728	178,150,560	187,661,052	183,099,245	184,285,942	173,533,083	160,856,199	159,773,568	164,799,832	170,681,199
Georgia	195,417,676	174,836,799	209,859,408	162,707,386	135,741,336	120,422,171	110,022,067	96,684,869	97,247,811	87,037,518	81,554,218	78,922,136
Hawaii	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Iowa	36,858,559	22,029,985	32,050,078	43,600,000	56,241,000	35,930,891	36,648,000	28,800,000	28,700,000	31,700,000	39,300,000	35,400,000
Idaho	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	No Answer Provided	28,200,000
Illinois	139,200,000	167,200,000	150,400,000	153,000,000	167,200,000	163,100,000	135,100,000	142,000,000	128,400,000	106,000,000	76,500,000	110,490,580
Indiana	137,646,378	140,468,343	144,376,814	141,343,211	143,053,123	155,622,000	163,187,000	127,411,000	111,800,000	112,812,000	106,048,000	98,351,000
Kansas	49,400,000	42,500,000	45,900,000	43,500,000	44,400,000	47,900,000	52,100,000	54,200,000	51,300,000	48,900,000	44,400,000	44,200,000
Kentucky	88,500,000	93,200,000	96,000,000	102,700,000	104,300,000	105,600,000	96,800,000	101,800,000	101,800,000	104,500,000	116,800,000	116,400,000
Louisiana	59,078,425	60,200,000	66,204,000	78,109,503	119,618,472	137,766,993	115,800,000	94,400,000	74,100,000	64,161,000	63,502,000	67,200,000
Maine	NA	No Answer Provided	47,355,000	39,088,274	39,087,642	No Answer Provided	43,339,051	43,349,930	21,196,297	46,871,189	44,981,220	35,022,328
Maryland	116,900,000	115,100,000	121,500,000	112,624,000	107,300,000	83,600,000	72,800,000	81,200,000	64,100,000	63,000,000	66,700,000	54,790,987
Massachusetts	136,100,000	143,100,000	148,700,000	159,200,000	167,700,000	156,000,000	142,600,000	124,400,000	125,700,000	132,100,000	146,100,000	156,400,000
Michigan	NA	NA	No Answer Provided	NA	174,500,000	183,500,000	201,800,000	169,000,000	166,000,000	181,700,000	180,400,000	181,600,000
Minnesota	103,119,277	97,097,479	93,390,508	73,452,128	52,207,704	46,353,726	45,102,795	41,556,235	41,910,457	43,774,238	47,853,768	86,812,757
Missouri	96,503,340	94,478,747	117,285,705	122,952,322	127,069,560	128,364,936	116,737,807	121,408,259	108,672,760	116,200,447	125,004,994	125,176,051
Mississippi	149,356,244	164,021,815	165,300,000	187,700,000	147,400,000	148,000,000	148,100,000	125,911,000	128,795,000	113,459,000	107,679,000	110,896,000
Montana	15,510,574	16,444,448	17,172,212	15,661,937	21,641,053	21,812,757	21,061,649	20,897,979	20,376,342	20,139,742	22,437,118	26,333,975
Nebraska	44,800,000	42,900,000	No Answer Provided	24,562,368	22,973,380	20,050,086	16,494,826	15,311,083	11,902,648	11,146,349	11,612,428	12,618,987
Nevada	30,507,009	30,300,000	36,000,000	56,978,978	60,168,355	63,533,295	62,600,000	58,500,000	56,900,000	58,414,690	58,100,000	49,200,000
New Hampshire	46,271,487	47,655,663	51,772,869	52,181,515	53,207,156	58,002,178	58,258,195	55,501,459	53,655,557	54,048,971	57,642,923	59,756,859
New Jersey	N	325,500,000	349,400,000	366,400,000	383,200,000	401,200,000	393,478,702	384,700,000	419,777,000	414,743,000	400,759,000	369,833,000
New Mexico	NA	NA	17,259,000	20,900,000	13,538,389	16,300,000	15,563,968	15,300,000	14,600,000	14,600,000	17,200,000	15,100,000
New York	923,400,000	931,700,000	959,100,000	1,011,900,000	1,021,000,000	1,062,200,000	1,083,700,000	1,046,000,000	1,047,100,000	984,100,000	955,800,000	1,001,200,000
North Carolina	248,169,709	255,013,742	272,193,008	291,344,055	313,019,250	324,178,433	288,127,694	310,023,828	273,305,411	307,520,337	312,966,608	323,897,255
North Dakota	18,022,837	19,889,207	12,249,270	13,406,844	10,839,992	13,782,651	15,630,929	17,056,817	16,471,051	16,471,051	18,036,275	9,000,417
Ohio	71,587,288	69,352,245	71,124,971	74,183,375	77,887,835	74,550,475	72,892,209	75,006,510	79,726,203	81,050,221	81,076,297	73,128,576
Oklahoma	27,300,000	29,000,000	30,700,000	31,700,000	35,600,000	39,300,000	35,200,000	29,200,000	32,800,000	22,100,000	24,905,000	24,905,000
Oregon	45,525,294	51,372,619	56,500,000	56,200,000	55,412,223	54,803,980	21,425,242	26,900,000	30,700,000	70,500,000	59,000,000	68,400,000
Pennsylvania	369,059,581	452,387,149	474,154,672	442,724,390	445,475,358	419,828,140	348,600,000	319,000,000	303,000,000	281,200,000	280,300,000	294,600,000

Rhode Island	24,447,806	26,168,471	29,003,018	31,104,356	32,913,182	30,970,236	28,307,678	30,975,488	36,791,684	37,868,769	38,914,515	43,811,501
South Carolina	57,700,000	58,700,000	59,400,000	60,600,000	64,100,000	57,200,000	66,700,000	63,500,000	61,100,000	60,100,000	64,300,000	67,500,000
South Dakota	18,548,629	18,825,142	19,646,098	20,719,252	21,849,335	22,527,739	22,530,407	22,186,942	23,174,652	24,173,361	25,505,517	26,991,935
Tennessee	125,000,000	128,300,000	128,400,000	126,600,000	139,700,000	125,000,000	118,700,000	117,900,000	116,000,000	97,800,000	101,800,000	104,700,000
Texas	243,567,244	204,358,050	212,927,628	226,569,680	226,387,716	232,241,824	229,227,239	228,821,964	221,579,904	206,421,776	199,276,672	193,286,076
Utah	31,900,000	33,700,000	31,284,800	34,904,062	37,641,040	37,752,906	37,608,207	39,000,000	35,012,393	36,300,000	40,300,000	39,800,000
Vermont	No Answer Provided	7,650,000	9,700,000	10,500,000	11,576,310	12,862,000	13,100,000	15,700,000	No Answer Provided	No Answer Provided	3,660,433	11,202,855
Virginia	274,000,000	288,800,000	281,900,000	278,700,000	298,600,000	293,500,000	278,200,000	281,500,000	277,000,000	283,900,000	287,200,000	318,600,000
Washington	139,320,361	143,224,887	159,254,398	178,300,000	197,100,000	185,500,000	174,800,000	169,500,000	176,000,000	171,000,000	189,200,000	188,400,000
West Virginia	40,000,000	35,900,000	36,700,000	32,600,000	31,500,000	29,900,000	33,200,000	30,800,000	31,300,000	31,200,000	30,400,000	37,000,000
Wisconsin	41,900,000	45,000,000	44,500,000	51,300,000	50,700,000	54,700,000	50,300,000	40,800,000	29,800,000	30,200,000	31,400,000	38,600,000
Wyoming	10,660,973	8,383,305	10,830,049	11,870,555	15,260,711	16,692,234	17,567,968	No Answer Provided	No Answer Provided	27,924,252	18,827,110	21,089,827
Total	4,926,260,144	5,258,910,039	5,563,390,350	5,681,999,263	6,037,391,135	5,989,106,683	5,750,197,147	5,482,959,946	5,303,479,583	5,227,464,362	5,228,713,351	5,409,743,061

State Psychiatric Hospital Total Inpatient Expenditures, 2004-2015: All States

State Psychiatric Hospital Total Inpatient Expenditure: 2004-2015												
State	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alabama	112,500,000	125,300,000	136,800,000	152,000,000	167,000,000	164,900,000	160,800,000	150,648,523	132,700,000	99,300,000	99,620,000	92,700,000
Alaska	18,652,590	19,334,000	20,520,200	24,556,300	26,997,500	27,193,700	29,951,100	32,267,100	32,213,100	31,648,600	27,202,302	32,899,118
Arkansas	26,579,632	28,241,343	34,268,058	37,037,448	39,740,034	42,887,166	43,761,622	43,761,622	49,754,090	52,684,523	48,387,972	48,121,012
Arizona	63,100,000	62,600,000	63,900,000	72,200,000	77,900,000	72,800,000	68,400,000	66,600,000	70,200,000	68,700,000	72,300,000	69,800,000
California	699,800,000	764,400,000	880,420,679	714,734,021	852,766,282	905,778,817	909,468,528	990,203,093	1,033,766,199	1,021,458,362	1,172,243,361	1,235,527,577
Colorado	72,086,917	90,078,368	91,826,995	99,203,114	107,154,500	114,213,040	113,523,862	108,400,000	108,700,000	114,200,000	120,900,000	128,600,000
Connecticut	146,200,000	167,600,000	179,100,000	190,900,000	211,700,000	220,600,000	202,900,000	185,100,000	194,400,000	184,100,000	211,400,000	215,100,000
District of Columbia	80,783,180	80,257,151	78,188,634	84,212,798	100,466,258	102,412,000	99,379,460	82,854,438	82,622,557	83,413,313	87,019,956	78,291,250
Delaware	37,209,400	39,010,800	42,442,800	45,258,400	45,992,100	43,474,006	41,216,248	40,239,909	38,787,273	34,320,644	32,082,814	32,996,647
Florida	438,529,362	458,234,795	370,562,242	333,856,402	370,994,792	354,057,726	361,990,393	350,051,570	324,302,171	315,509,914	326,798,957	334,251,113
Georgia	223,449,163	202,188,976	273,494,658	214,761,912	205,097,792	186,674,821	190,408,797	192,772,785	205,058,016	210,434,422	214,629,046	199,508,072
Hawaii	44,851,363	42,948,009	45,582,210	51,597,564	50,072,873	52,214,161	46,794,235	46,766,836	47,649,528	58,069,625	66,279,246	67,975,241
Iowa	41,326,306	27,325,032	39,336,364	51,160,000	63,048,127	43,017,000	43,754,718	36,200,000	36,800,000	41,300,000	48,900,000	45,500,000
Idaho	18,802,000	22,948,600	22,021,700	26,090,800	29,900,600	29,071,400	27,000,000	25,300,000	26,500,000	23,500,000	27,800,000	31,200,000
Illinois	255,500,000	292,300,000	281,400,000	297,500,000	325,100,000	320,800,000	279,700,000	284,600,000	267,000,000	237,500,000	232,400,000	256,793,912
Indiana	159,784,731	170,837,053	183,974,464	183,739,026	188,443,569	202,824,000	207,124,000	167,571,000	153,638,000	153,232,000	156,920,000	146,614,000
Kansas	62,900,000	68,700,000	76,900,000	84,500,000	88,600,000	87,300,000	94,100,000	94,800,000	93,300,000	96,700,000	89,800,000	89,800,000
Kentucky	99,100,000	104,000,000	107,500,000	115,000,000	116,600,000	118,500,000	109,500,000	114,100,000	114,100,000	116,300,000	128,200,000	126,800,000
Louisiana	122,746,324	135,000,000	144,970,000	156,253,330	182,504,616	190,884,787	167,100,000	126,600,000	124,600,000	108,703,000	110,688,000	115,000,000
Maine	52,500,000	51,900,000	53,739,000	55,840,391	55,839,489	63,343,242	61,482,552	60,236,561	51,985,790	46,871,189	51,671,164	55,502,897
Maryland	215,800,000	229,700,000	245,200,000	244,289,000	244,900,000	224,800,000	219,000,000	229,400,000	240,000,000	247,000,000	260,500,000	265,268,565
Massachusetts	183,700,000	194,000,000	201,400,000	216,000,000	227,700,000	211,700,000	193,900,000	168,900,000	170,700,000	179,400,000	198,400,000	212,400,000
Michigan	NA	NA	No Answer Provided	NA	226,500,000	240,800,000	261,500,000	230,500,000	231,100,000	250,600,000	251,100,000	254,300,000
Minnesota	166,003,020	174,896,355	195,168,243	211,632,678	202,076,407	189,809,786	120,583,411	115,206,145	112,014,575	118,653,263	130,404,443	176,198,800
Missouri	192,576,374	193,823,104	211,248,894	225,671,595	236,885,084	253,871,609	249,596,140	247,879,454	226,168,383	244,563,931	257,603,585	266,761,745
Mississippi	152,777,617	167,355,188	168,500,000	191,400,000	151,500,000	152,800,000	153,000,000	130,871,000	133,832,000	118,487,000	112,666,000	116,211,000
Montana	20,065,425	21,480,254	25,261,937	25,261,937	27,081,930	27,683,542	27,843,905	27,606,043	27,163,312	29,878,278	32,370,888	36,833,765
Nebraska	62,700,000	62,900,000	No Answer Provided	44,518,279	46,555,016	47,661,195	48,418,031	48,895,782	46,406,784	45,057,023	46,874,840	49,463,992
Nevada	35,610,609	35,900,000	42,800,000	65,478,978	68,668,355	73,733,295	71,900,000	67,900,000	65,500,000	66,104,723	70,600,000	61,200,000
New Hampshire	46,271,487	47,655,663	51,772,869	52,181,515	53,207,156	58,002,178	58,258,195	55,501,459	53,655,557	54,048,971	57,642,923	59,756,859
New Jersey	N	404,000,000	431,500,000	454,800,000	475,900,000	502,500,000	504,378,702	492,300,000	546,339,000	549,893,000	551,934,000	530,711,000
New Mexico	NA	NA	22,000,000	20,900,000	21,830,983	24,700,000	25,100,000	24,800,000	24,300,000	24,300,000	28,900,000	25,700,000
New York	1,056,400,000	1,072,900,000	1,108,100,000	1,173,200,000	1,207,300,000	1,295,000,000	1,308,200,000	1,271,200,000	1,296,900,000	1,215,000,000	1,218,000,000	1,289,500,000
North Carolina	253,650,265	260,975,660	278,650,379	298,607,360	324,406,164	335,603,895	298,122,109	321,577,531	286,530,238	319,868,787	325,479,918	337,002,924
North Dakota	19,193,837	21,062,996	14,667,815	16,950,384	10,839,992	13,782,651	20,517,932	22,094,607	21,954,889	21,954,890	24,118,188	15,294,489
Ohio	189,900,575	196,724,340	203,583,701	215,399,171	228,687,293	217,681,614	209,097,464	214,646,713	211,313,035	215,540,523	223,600,000	213,900,000
Oklahoma	42,300,000	45,300,000	49,300,000	49,800,000	55,700,000	59,300,000	55,000,000	49,200,000	52,600,000	40,900,000	43,650,000	43,650,000
Oregon	96,001,741	103,769,249	116,400,000	116,300,000	127,742,223	145,198,436	154,138,430	184,400,000	202,300,000	235,700,000	207,200,000	221,400,000
Pennsylvania	408,683,942	491,920,264	523,682,467	503,095,897	511,194,463	494,866,066	395,500,000	371,500,000	356,700,000	349,100,000	357,100,000	381,300,000
Rhode Island	24,447,806	26,168,471	29,003,018	31,104,356	32,913,182	30,970,236	28,307,678	30,975,488	36,791,684	37,868,769	38,914,515	43,811,501

South Carolina	80,100,000	82,300,000	81,400,000	85,700,000	89,000,000	82,700,000	95,700,000	94,200,000	95,300,000	98,100,000	104,700,000	111,800,000
South Dakota	18,548,629	18,825,142	19,646,098	20,719,252	21,849,335	22,527,739	22,530,407	22,186,942	23,174,652	24,173,361	25,505,517	26,991,935
Tennessee	155,300,000	163,700,000	162,100,000	168,500,000	176,600,000	166,000,000	144,400,000	141,400,000	141,300,000	125,700,000	128,700,000	131,200,000
Texas	326,141,896	275,790,450	295,719,612	323,280,820	330,860,896	349,235,780	345,894,179	346,034,080	346,111,704	353,973,268	370,226,752	373,731,664
Utah	42,900,000	45,700,000	45,684,800	50,585,597	54,237,810	54,399,000	54,190,500	55,300,000	51,749,900	53,500,000	55,200,000	57,000,000
Vermont	12,800,000	15,300,000	17,300,000	19,100,000	21,500,000	21,800,000	22,100,000	22,800,000	No Answer Provided	No Answer Provided	14,000,000	19,400,000
Virginia	293,500,000	307,600,000	306,800,000	306,400,000	332,100,000	332,100,000	318,900,000	330,300,000	329,300,000	339,900,000	344,700,000	387,400,000
Washington	170,923,352	177,287,991	196,858,112	217,300,000	241,400,000	230,000,000	219,200,000	214,000,000	216,500,000	218,400,000	239,200,000	239,300,000
West Virginia	50,100,000	48,200,000	49,100,000	49,100,000	47,000,000	47,400,000	51,700,000	49,700,000	50,900,000	56,800,000	54,100,000	56,200,000
Wisconsin	151,100,000	160,900,000	166,300,000	183,700,000	196,200,000	210,100,000	206,500,000	201,600,000	202,000,000	201,200,000	211,800,000	227,700,000
Wyoming	16,560,587	14,923,983	18,100,463	19,196,829	22,139,902	24,160,270	24,045,194	No Answer Provided	No Answer Provided	36,339,692	26,897,784	28,819,814
Total	7,260,458,130	8,014,263,237	8,404,196,412	8,590,575,153	9,320,394,723	9,483,833,158	9,165,877,791	8,981,948,681	8,986,682,437	8,969,951,072	9,337,332,170	9,663,188,891

Breakdown of State Psychiatric Hospital Expenditures, 2004-2015: All States

Breakdown of State Psychiatric Hospital Expenditure: 2004-2015												
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Forensic	28%	30%	29%	29%	30%	30%	32%	33%	35%	35%	37%	37%
Sex Offender	3%	3%	4%	4%	5%	5%	5%	5%	5%	6%	6%	6%
Civil	68%	66%	66%	66%	65%	63%	63%	61%	59%	58%	56%	56%

Note: Data is based on total expenditure for each year for all states. Percent was calculated by dividing the total expenditure for each group (forensic, sex offender, civil) by the amount that State Psychiatric Hospitals spend on total inpatient services for each year.

State Psychiatric Hospital Expenditure Percent Change: All States for 2005, 2010, 2015

State Psychiatric Hospital Inpatient Expenditure: 2005, 2010, 2015									
State	Forensic Expenditure			Sex Offender Expenditure			Civil Expenditure		
	2005	2010	2015	2005	2010	2015	2005	2010	2015
Alabama	\$11,200,000	\$14,600,000	\$15,300,000	\$0	\$0	\$0	\$125,300,000	\$160,800,000	\$92,700,000
Alaska	\$2,320,080	\$3,738,352	\$9,711,261	\$0	\$0	\$0	\$19,334,000	\$29,951,100	\$32,899,118
Arkansas	\$4,764,706	\$9,019,632	\$29,181,134	\$0	\$0	\$0	\$28,241,343	\$43,761,622	\$48,121,012
Arizona	\$23,400,000	\$32,100,000	\$31,200,000	\$9,600,000	\$8,800,000	\$9,600,000	\$62,600,000	\$68,400,000	\$69,800,000
California	\$577,400,000	\$645,051,564	\$890,101,101	\$91,400,000	\$165,384,394	\$208,318,182	\$764,400,000	\$909,468,528	\$1,235,527,577
Colorado	\$40,896,511	\$57,359,531	\$70,500,000	NA	NA	NA	\$90,078,368	\$113,523,862	\$128,600,000
Connecticut	\$76,000,000	\$90,700,000	\$112,700,000	\$0	\$0	\$0	\$167,600,000	\$202,900,000	\$215,100,000
District of Columbia	\$29,957,900	\$51,354,336	\$58,130,715	\$597,976	\$1,316,778	\$1,071,742	\$80,257,151	\$99,379,460	\$78,291,250
Delaware	\$5,421,600	\$7,476,661	\$7,977,709	\$0	\$0	\$0	\$39,010,800	\$41,216,248	\$32,996,647
Florida	\$264,903,358	\$145,836,070	\$132,622,817	\$23,042,384	\$31,868,381	\$30,947,097	\$458,234,795	\$361,990,393	\$334,251,113
Georgia	\$27,352,177	\$80,386,730	\$135,846,844	\$0	\$0	\$0	\$202,188,976	\$190,408,797	\$199,508,072
Hawaii	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	\$42,948,009	\$46,794,235	\$67,975,241
Iowa	\$1,689,721	\$188,109	\$200,000	\$3,605,326	\$6,918,609	\$9,900,000	\$27,325,032	\$43,754,718	\$45,500,000
Idaho	No Answer Provided	No Answer Provided	\$3,000,000	No Answer Provided	No Answer Provided	\$0	\$22,948,600	\$27,000,000	\$31,200,000
Illinois	\$107,700,000	\$120,000,000	\$115,322,442	\$17,400,000	\$24,600,000	\$30,980,890	\$292,300,000	\$279,700,000	\$256,793,912
Indiana	\$30,368,710	\$43,937,000	\$48,263,000	\$0	\$0	\$0	\$170,837,053	\$207,124,000	\$146,614,000
Kansas	\$15,700,000	\$23,900,000	\$23,200,000	\$10,500,000	\$18,100,000	\$22,400,000	\$68,700,000	\$94,100,000	\$89,800,000
Kentucky	\$10,800,000	\$12,700,000	\$10,400,000	\$0	\$0	\$0	\$104,000,000	\$109,500,000	\$126,800,000
Louisiana	\$74,800,000	\$51,300,000	\$47,800,000	\$0	\$0	\$0	\$135,000,000	\$167,100,000	\$115,000,000
Maine	\$51,900,000	\$18,143,501	\$20,480,569	NA	NA	No Answer Provided	\$51,900,000	\$61,482,552	\$55,502,897
Maryland	\$114,600,000	\$146,200,000	\$210,477,578	\$0	\$0	\$0	\$229,700,000	\$219,000,000	\$265,268,565
Massachusetts	\$50,900,000	\$51,300,000	\$56,000,000	\$0	\$0	\$0	\$194,000,000	\$193,900,000	\$212,400,000
Michigan	NA	\$59,700,000	\$72,700,000	NA	N/A	NA	NA	\$261,500,000	\$254,300,000
Minnesota	\$47,323,920	\$75,480,616	\$89,386,044	\$30,474,956	NA	NA	\$174,896,355	\$120,583,411	\$176,198,800
Missouri	\$89,293,770	\$114,938,552	\$95,574,544	\$10,050,587	\$17,919,781	\$46,011,150	\$193,823,104	\$249,596,140	\$266,761,745
Mississippi	\$3,333,373	\$4,900,000	\$5,315,000	\$0	\$0	\$0	\$167,355,188	\$153,000,000	\$116,211,000
Montana	\$5,035,806	\$6,782,256	\$10,499,790	NA	NA	NA	\$21,480,254	\$27,843,905	\$36,833,765
Nebraska	\$12,300,000	\$10,855,876	\$12,789,452	\$7,700,000	\$21,067,329	\$24,055,553	\$62,900,000	\$48,418,031	\$49,463,992
Nevada	\$5,600,000	\$9,300,000	\$9,400,000	\$0	\$0	\$2,600,000	\$35,900,000	\$71,900,000	\$61,200,000
New Hampshire	\$0	\$0	\$0	\$0	\$0	\$0	\$47,655,663	\$58,258,195	\$59,756,859
New Jersey	\$67,700,000	\$101,200,000	\$144,028,000	\$10,800,000	\$9,700,000	\$16,850,000	\$404,000,000	\$504,378,702	\$530,711,000
New Mexico	NA	\$9,536,032	\$10,600,000	\$0	\$0	\$0	NA	\$25,100,000	\$25,700,000

New York	\$141,200,000	\$177,800,000	\$211,900,000	\$0	\$46,700,000	\$76,400,000	\$1,072,900,000	\$1,308,200,000	\$1,289,500,000
North Carolina	\$5,961,918	\$9,994,415	\$13,105,668	\$0	\$0	\$0	\$260,975,660	\$298,122,109	\$337,002,924
North Dakota	No Answer Provided	No Answer Provided	No Answer Provided	\$1,173,789	\$4,887,003	\$6,294,072	\$21,062,996	\$20,517,932	\$15,294,489
Ohio	\$127,372,095	\$136,205,255	\$140,771,424	\$0	\$0	\$0	\$196,724,340	\$209,097,464	\$213,900,000
Oklahoma	\$16,300,000	\$19,800,000	\$18,745,000	\$0	\$0	\$0	\$45,300,000	\$55,000,000	\$43,650,000
Oregon	\$52,396,630	\$132,713,188	\$153,000,000	\$0	\$0	\$0	\$103,769,249	\$154,138,430	\$221,400,000
Pennsylvania	\$39,533,115	\$43,400,000	\$74,300,000	\$0	\$3,500,000	\$12,400,000	\$491,920,264	\$395,500,000	\$381,300,000
Rhode Island	No Response Provided	N/A	No Response Provided	No Response Provided	N/A	No Response Provided	\$26,168,471	\$28,307,678	\$43,811,501
South Carolina	\$19,700,000	\$20,600,000	\$29,900,000	\$3,900,000	\$8,400,000	\$14,400,000	\$82,300,000	\$95,700,000	\$111,800,000
South Dakota	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	\$18,825,142	\$22,530,407	\$26,991,935
Tennessee	\$35,400,000	\$25,700,000	\$26,500,000	\$0	\$0	\$0	\$163,700,000	\$144,400,000	\$131,200,000
Texas	\$71,432,400	\$116,666,940	\$180,445,588	\$0	\$0	\$0	\$275,790,450	\$345,894,179	\$373,731,664
Utah	\$12,000,000	\$16,582,293	\$17,200,000	\$0	\$0	\$0	\$45,700,000	\$54,190,500	\$57,000,000
Vermont	\$7,650,000	\$9,000,000	\$8,197,145	\$0	\$0	\$0	\$15,300,000	\$22,100,000	\$19,400,000
Virginia	\$14,700,000	\$23,400,000	\$34,900,000	\$4,100,000	\$17,300,000	\$33,900,000	\$307,600,000	\$318,900,000	\$387,400,000
Washington	\$34,063,104	\$44,400,000	\$50,900,000	N/A	N/A	N/A	\$177,287,991	\$219,200,000	\$239,300,000
West Virginia	\$12,300,000	\$18,500,000	\$19,200,000	\$0	\$0	\$0	\$48,200,000	\$51,700,000	\$56,200,000
Wisconsin	\$82,200,000	\$106,000,000	\$136,400,000	\$33,700,000	\$50,200,000	\$52,700,000	\$160,900,000	\$206,500,000	\$227,700,000
Wyoming	\$6,540,678	\$6,477,226	\$7,729,987	\$0	\$0	\$0	\$14,923,983	\$24,045,194	\$28,819,814
Total	\$2,431,411,572	\$2,905,224,135	\$3,601,902,811	\$258,045,017	\$436,662,274	\$598,828,686	\$8,014,263,237	\$9,165,877,791	\$9,663,188,891
Percent Change									
2005-2010			19.49%			69.22%			14.37%
2010-2015			23.98%			37.14%			5.43%
2005-2015			48.14%			132.06%			20.57%

Note: Percent change calculations were conducted using the total amount spent by all states for each expenditure category.

National Medians for All Forensic Status Categories, 1999-2014

National Medians for All Forensic Statuses, 1999-2014								
	1999	2002	2004	2005	2006	2009	2011	2014
IST	62	71	65	56	57	56	77	80
Not Guilty by Reason of Insanity	63	142*	55	58	46	70	48	53
Pre-Trial	16	8	2	4	7	5.5	3	5
Civilly Committed Sex Offenders	0	0	0	0	0	0	0	0
State Prisoners	2.5	1	0	0	0	0	0	0
Jail Detainees	0	0	0	0	0	0	0	0
Other Forensic	6.5	0	0	0	0	0	0	0

Note: Medians were derived from the “One-Day Census Per State of _____ Patients at State Psychiatric Hospitals: Based on all 51 States” table for each forensic status. Data for the NGRI category in 2002 was changed from 142 to 63 for Graph 22 and 31. This was done because 142 appeared to be an outlier. This may be because several states reported a higher number of NGRI patients for 2002 and also because more states reported numerical values for 2002 compared to 1999 and 2002.

Methodology

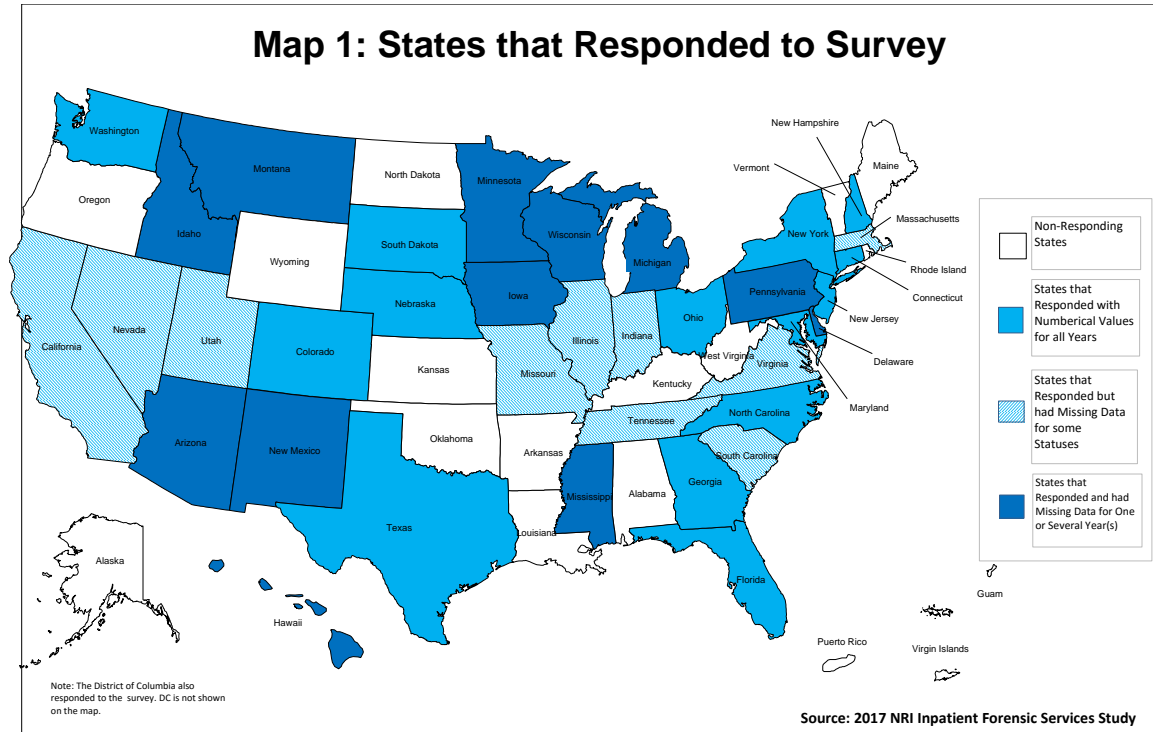
Survey

The National Association of State Mental Health Program Directors (NASMHPD) tasked NRI with conducting this study. NRI collected information from each of the 50 states plus the District of Columbia, using a survey sent by NRI to the Forensic Directors and/or Commissioners of all 50 states plus the District of Columbia. NRI obtained the contact information for these individuals from NASMHPD’s website. NASMHPD’s website contains a roster of Forensic Directors and Commissioners for all 50 states plus the District of Columbia, along with their contact information.

On April 3, 2017, NASMHPD’s Executive Director emailed the 50 states plus the District of Columbia, to inform them that NRI would be sending them a survey on behalf of NASMHPD. On April 4, 2017, NRI emailed each state, informing them of the purpose of the survey, what actions were requested of them, and the contact information for the NRI associate managing the survey. Each email contained a survey that was specific for that state. The Forensic Directors and/or Commissioners were asked to return the survey to NRI by April 28, 2017.

By April 28, 2017 NRI had received 22 responses and on May 2, 2017, NRI sent out a reminder email. Three more states submitted surveys between May 2, 2017 and May 11, 2017. On May 11, 2017, NASMHPD’s Executive Director sent a reminder email to the states requesting that they submit their surveys to NRI by May 17, 2017. In total, NRI

received 32 surveys between April 4, 2017 and May 22, 2017. In June 2017, the states were requested to review the analyses that had been conducted. At this point in time, several states updated their information and a few additional states submitted their survey. By the completion of this report 37 states had submitted surveys. (See *Map 1*.)



The survey was composed of two main sections. The first section was a questionnaire, which was developed with the help of several forensic experts. In total, the questionnaire contained 36 questions. Some of the questions were taken from a NASMHPD 2014 Forensic Mental Health Services report.⁹⁸ Those questions included:

- the percent of competency to stand trial evaluations conducted on an outpatient basis (Q 4),
- the percent of patients who receive competency restoration services on an outpatient basis (Q141),
- whether or not there is a limit on how long defendants may be committed to the state psychiatric hospitals for competency restoration services (Q149),
- whether or not the state has provisions in place for the conditional release of an NGRI patient (Q192),
- whether or not the state has a Sexually Violent Predator (SVP) commitment law (Q258),
- whether or not the state maintains a waitlist (Q313),
- the length of time that defendants typically are on the waitlist (Q314),

⁹⁸ Fitch (2014).

- and whether or not the state psychiatric hospital has ever been threatened with or held in contempt for not admitting forensic patients in an appropriate amount of time (Q316).

New questions were developed for this questionnaire with the assistance of our forensic experts. The questionnaire inquired about the types of patients admitted for inpatient competency evaluation and restoration services, in order to see if states have alternative programs that divert certain types of forensic clients (*e.g.*, misdemeanants) from receiving inpatient competency evaluation and/or restoration services. In addition, a question was developed that examined whether or not the state respondent believed that recent policy, law, and/or programmatic developments could be responsible for the recent changes (if any) in the number of forensic patients receiving inpatient services. This question was asked for each forensic status category.

The second section contained data tables, which were developed using a variety of methods. The first table requested that the states submit information regarding:

1. the number of forensic patients present on the first census day of the state's Fiscal Year 2016,⁹⁹
2. the number of forensic patients admitted to the state psychiatric hospitals over Fiscal Year 2016,¹⁰⁰
3. the average length of time that forensic patients stayed at the state psychiatric hospitals over the Fiscal Year 2016, and
4. the median length of time that forensic patients stayed at the state psychiatric hospitals over Fiscal Year 2016.

The states were requested to submit this information for each of the following forensic status categories: IST, NGRI, GBMI, inpatient pre-trial evaluation, jail detainee transfers, state prison transfers, civilly committed sex offenders, and other forensic patients, as well as for the total adult forensic population. It should be noted that the "total adult forensic population" refers to the sum of all of the values for all of the forensic status categories listed.

The second and third tables used existing data from the State Mental Health Agency (SMHA) Profiling System. This System was developed for the purpose of gathering data on the Substance Abuse and Mental Health Services Administration's (SAMSHA) mental health initiatives. The SMHA Profiling System has been in operation since 1996. Using this system, states submit data to NRI on several topics including: Finance, Forensic (Later changed to "Involuntary Inpatient Treatment"), Information Management, Managed Care for Behavioral health, Organization/Structure, Policy, Services, and Workforce. The SMHA Profiling System collects data on the number of IST, NGRI, GBMI, inpatient pre-trial evaluation, jail detainee transfers, state prison transfers, civilly committed sex offenders, other forensic patients, and the total adult forensic population

⁹⁹ It should be noted that the "fiscal year" varies between states. The states were told to code the fiscal year based on how their state defined the "fiscal year".

¹⁰⁰ States were asked to code this based on the 2016 Fiscal Year. However, some states may have used the calendar year.

on a given census day for each state during 1996, 1999, 2002, 2004, 2005, 2006, 2009, 2011, and 2014.

The given census day for 1996 through 2011 was based on the last day of the appropriate fiscal year for the state. In 2014, SAMHSA changed its data collection period. In order to keep each state's Profiling System's data consistent with SAMHSA, information for 2014 was based on the first census day of the fiscal year.¹⁰¹ NRI used this existing information to create the second data table.

The SMHA Profiling System also contains information on the number of state psychiatric hospital patient days utilized by forensic patients, sex offenders, and civil patients, as well as the amount of money the state psychiatric hospitals spend on these three groups. Information on the number of days and the amount that state psychiatric hospital spent on forensic patients, sex offenders, and civil patients between 2004 and 2015 was gathered to create the third data table. All of the expenditure information that was collected was based on the fiscal year. State respondents were asked to review the information in Table 2 and 3 to verify that the information was accurate and, if not, to fix any mistakes.

Data were drawn from the US Census Bureau, as well as the URS, in order to conduct several specific analyses. Rate calculations were conducted using population data for civilians aged 18 or older. The SMHA Profiling System annually collects state population data from the U.S. Census Bureau, including data on civilians aged 18 and older. The number of adult civilian patients is derived from the number of adult civilian patients who were residing at the state's psychiatric hospitals on the first day of that particular year.

Lastly, the analyst analyzed state psychiatric hospital capacity for the total adult forensic population. Data for this analysis was obtained via the URS maintained by NRI, which contains information regarding the number of patients present on a given census day at the state psychiatric hospitals within each state.

Analysis

Two analytic programs were used for the analysis. Data from the questionnaire portion of the survey were analyzed using Version 24 of the Statistical Package for the Social Sciences (SPSS). Excel was used to conduct the analyses of the data tables.

Several analyses were conducted for each forensic status category. First, the national average and median were calculated for each year and then displayed in a line graph. Second, line graphs were created with the raw numbers provided by each state in order to compare trends between states. Line graphs were then created using rates to allow for a more accurate comparison between states. Rates were calculated for a few of the forensic status categories in order to allow for easier comparisons between states.

When the rates were calculated, the following formula was used:

$$\left(\frac{\text{Total Adult Forensic Census Number}}{\text{Civilian Population of Adults 18 Years or Older}} \right) \times 100,000$$
 Percent change calculations were

¹⁰¹ It should be noted that the "fiscal year" varies between states. The SMHA Profiling System asked the states to code the fiscal year based on how their state defined the "fiscal year".

conducted to see how each forensic status' population changed over time. The percent change calculation is: $\left(\frac{(\text{New Year}-\text{Old Year})}{\text{Old Year}}\right) \times 100$. The number of admissions for each forensic status was compared through the use of rates. Admission Rates were calculated for all of the forensic statuses using the following formula:

$$\left(\frac{\text{Number of Patients Under X Forensic Status Admitted in 2016}}{\text{Civilian Population of Adults 18 Years or Older}}\right) \times 100,000.$$

Finally, the adult forensic status data collected from the URS were used to see what percent of the state psychiatric hospital population was composed of adult forensic patients. Capacity was calculated using the following formula:

$$\left(\frac{\text{Total Adult Forensic Census Number}}{\text{Number of Adults 18 Years or Older Residing at State's State Psychiatric Facilities}}\right) \times 100.$$

In order to determine how much change occurred in the forensic composition of state hospitals between 2002 and 2014, the following calculation was conducted for each state: *Percent of Adult Forensic Patients in 2014 - Percent of Forensic Patients in 2002.*

Several of the states that responded to the survey were only able to provide partial data. One of the main reasons that states were only able to submit partial data was because it was difficult for some of the state respondents to retrieve the required information in such a short period of time. As a result, some of the data were missing. In instances like these, the data would be coded as "No Answer Provided".

Additionally, there were instances when states could not verify information. It was not uncommon for states to write information. Since line graphs and bar graphs are unable to display text, the states that provided written information in place of numerical values could not be represented in any of the graphs. For instance, states might write in the cell of a particular forensic status that the one-day census information was "unknown", "not available," or "NR" (Not Reported).

When possible, the analyst tried to change the written information into numerical values. This mainly occurred when states entered the data as "Not Applicable" or "N/A" for a category (like GBMI or civilly committed sex offenders). Using the forms that were submitted to the SMHA Profiling System, and/or the questionnaire from this survey, the analyst was able to determine (in some cases) that these items should be coded as 0 because the state's state psychiatric hospital did not accept these patients. If the analyst was unable to determine if the written response was indicating that the information was "Not Applicable" (e.g. "NA" could mean "Not Applicable" or "Not Available"), the analyst did not change the written information.

For missing data, the analyst consulted the forms that were submitted to the SMHA Profiling System, and/or the questionnaire from this survey to determine if blank cells should be coded as 0 or as "No Answer". The analyst made these changes where applicable and only if she could be reasonably sure that the cell should have a value of 0. If the analyst was uncertain, she coded the data as "No Answer". The number of cells that had written information (to indicate missing information or unknown information) reduced the number of states that could be accurately represented in the graphs. When the graphs note there were "x number of states with *complete data*" the graphs are indicating that the states with "complete data" reported numerical values for all of the years examined. States that reported data as "unknown" may have had information for each

forensic status category for every year, but they could not be represented because the graphs only express/display numerical values.

To determine what time period had the largest number of states reporting numbers for each year, the analyst conducted an analysis to examine the number of states with missing data and/or written information. It should be noted that “states with complete data” refers to states that were not missing data and/or did not provide written information for any of the years being examined. If states provided data for every year but part of the data included text (e.g., “Unknown”) the state had to be removed from the analysis. The analyst began by analyzing how many of the responding states reported numerical data for all 10 years for each forensic status (1996, 1999, 2002, 2004, 2005, 2006, 2009, 2011, 2014, and 2016). The number of states ranged from 13 to 19 depending on the forensic status that was being observed. For 1999 to 2016, the number of states with numerical values for each year ranged from 15 to 21.

The 1999 to 2014 analysis yielded a larger number of states with numerical data for each year. The number of states that had numerical data for the 1999 to 2014 time period ranged from 16 to 25 states, depending on the forensic status category examined. (*See Appendix.*) Adding the states that had not responded to the survey increased the number of states with numerical data for each time period, regardless of which forensic status was examined. The 1999 to 2014 time period still remained the time period with the highest number of states with numerical data for each forensic status. (*See Appendix.*)

Based on this analysis, the 1999 to 2014 calendar year time period was utilized for analyses. When conducting the percent changes, 2005 was used as the middle time period. The percent change calculations included a slightly higher number of states, since states were only required to have numerical values for 1999, 2005, and 2014. (*See Appendix.*) To illustrate, if a state reported 30 forensic patients in 1999, “unknown” in 2002, 50 forensic patients in 2005, and 100 forensic patients in 2014, the state could be included in the sample. The percent change calculation only used the numbers presented in 1999, 2005, and 2014. Thus, even though the state reported that the information was “unknown” for 2002, the state could be included in the percent change analysis.

Survey Form

State Policy/Contextual Information on Trends for Adult Forensic Patients Served in state psychiatric hospitals:

To help us understand the quantitative information about the types of forensic clients being served in state psychiatric hospitals over the past 20 years, we need to know some contextual information about state policies regarding what types of forensic clients are served in state psychiatric hospitals, as well as policy changes that are impacting the number of forensic patients being served in state hospitals. Some of these questions were originally from NASMHPD's 2014 survey on Forensic Mental Health Services. These questions are being asked so that we can collect updated information for 2016. We are specifically interested in obtaining updated information for the 2014 questions surrounding forensic inpatients.

To assist our understanding of the policy context in your state, please answer the questions below, organized by type of forensic clients often served in state psychiatric hospitals.

If you have any questions about the intent of this survey, please contact Ted Lutterman (ted.lutterman@nri-inc.org, 703-738-8164) or Amanda Wik (Amanda.wik@nri-inc.org , 703-738-8178) at NRI.

Respondent Contact Information	
Name	
State	
Job Title	
Email	
Phone Number	

Inpatient Competency to Stand Trial (CST) Evaluations	
Question	Answer
<p>1.) What types of forensic patients are admitted to State Psychiatric Hospitals for <i>inpatient</i> Competency to Stand Trial (CST) evaluations? <i>(Check all that apply)</i></p> <p><i>Note: Patients Receiving Outpatient CST evaluations should not be included in response.</i></p>	<p>a.) Defendants accused of, or charged with, a misdemeanor offense</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>b.) Defendants accused of, or charged with, a felony offense</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> c) None- Inpatient CST evaluations are not conducted at State Psychiatric Hospitals If none, please describe what type of agency (e.g. private agency) is responsible for CST evaluations?:</p>
<p>2.) Does your state maintain a waiting list for admissions for <i>inpatient</i> CST evaluations?</p>	<p>- Q2 Options</p> <p><input type="radio"/> Yes</p> <p>If yes, what is the average wait time for <i>inpatient</i> CST evaluations:</p> <p><input type="text"/></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p> <p><input type="radio"/> Not Applicable- The State Psychiatric Hospital(s) does not admit forensic patients for inpatient CST evaluations</p>

3.) Have there been any recent legal, policy, or programmatic developments within your state that have led to a decrease or increase in the number of **inpatient** CST evaluations being conducted for defendants accused of, or charged with, a **misdemeanor** in your state hospital(s)? (Check all that apply)

a) There have not been any changes in inpatient CST evaluations for misdemeanants as a result of recent legal, policy, or programmatic developments

b) I believe that there has been an increase in the number of inpatient CST evaluations for misdemeanants as a result of recent legal, policy, or programmatic developments

c) I believe that there has been a decrease in the number of inpatient CST evaluations for misdemeanants as a result of recent legal, policy, or programmatic developments

Please describe the recent legal, policy, or programmatic developments that have impacted these trends:

d) Unsure whether there have been any recent developments OR unsure about the effects of the legal, policy, or programmatic developments on the number of inpatient CST evaluations for misdemeanants

e) Not Applicable- The State Psychiatric Hospital(s) does not admit forensic patients for inpatient CST evaluations for misdemeanants

4.) Have there been any recent legal, policy, or programmatic developments within your state that have led to a decrease or increase in the number of **inpatient** CST evaluations being conducted for defendants accused of, or charged with, a **felony** in your state hospital(s)? (Check all that apply)

a) There have not been any changes in inpatient CST evaluations for felony defendants as a result of recent legal, policy, or programmatic developments

b) I believe that there has been an increase in the number of inpatient CST evaluations for felony defendants as a result of recent legal, policy, or programmatic developments

c) I believe that there has been a decrease in the number of inpatient CST evaluations for felony defendants as a result of recent legal, policy, or programmatic developments

Please describe the recent legal, policy, or programmatic developments that have impacted these trends:

d) Unsure whether there have been any recent developments OR unsure about the effects of the legal, policy, or programmatic developments on the number of inpatient CST evaluations for felony defendants

e) Not Applicable- The State Psychiatric Hospital(s) does not admit forensic patients for inpatient CST evaluations for felony defendants

5.) In your state, has the provision of CST evaluations shifted from primarily being conducted on an outpatient basis to an **increasing** percentage being provided on an **inpatient** basis?

Q5 Options

Yes

No

Unknown

Not Applicable- In this state, CST evaluations are conducted primarily on an inpatient basis

a.) In your opinion, what pressures or new legal/policy/programmatic developments are causing this shift?

6.) Use this space for clarification on responses to questions OR to provide information about policies/techniques that are unique to your state for handling forensic patients admitted to your state hospital(s) for inpatient CST evaluations.

Inpatient Competency Restoration

7.) What types of forensic patients receive **inpatient competency restoration services** in your state hospitals? (Check all that apply)

a.) Defendants accused of, or charged with, a misdemeanor offense

Yes

No

Unknown

b.) Defendants accused of, or charged with, a felony offense

Yes

No

Unknown

c) None- Inpatient competency restoration services are not conducted at State Psychiatric Hospitals
If none, please describe what type of agency (e.g. private agency) is responsible for competency restoration

8.) Is there a specific limit on how long a defendant may be committed for inpatient CST restoration services?

Q8 Options

Yes

If yes, what is it?

No

Unknown

Not Applicable- The State Psychiatric Hospital(s) does not admit forensic patients for inpatient competency restoration services

9.) Does your state maintain a waiting list for IST/ITP patients awaiting admission for **inpatient** competency restoration services?

Q9 Options

Yes

If yes, what is the average wait time for a forensic patient to be admitted for **inpatient** competency restoration services:

No

Unknown

Not Applicable- The State Psychiatric Hospital(s) does not admit forensic patients for inpatient competency restoration services

10.) In your state, how often are IST/ITP defendants who were found unrestorable civilly committed (voluntary or involuntary) to a state hospital after civil commitment procedures have been pursued?

Q10 Options

Frequently

Sometimes

Rarely

Never

Unknown

<p>11.) Have there been any recent legal, policy, or programmatic developments within your state that you believe have led to a decrease or increase in the number of IST patients being admitted on an inpatient basis for competency restoration services within your state hospital(s)? (Check all that apply)</p>	<input type="checkbox"/> a) There have not been any changes resulting from recent legal, policy, or programmatic developments <input type="checkbox"/> b) I believe that there has been an increase in the number of inpatient competency restoration services as a result of recent legal, policy, or programmatic developments <input type="checkbox"/> c) I believe that there has been a decrease in the number of inpatient competency restoration services as a result of recent legal, policy, or programmatic developments Please describe the recent legal, policy, or programmatic developments that have impacted these trends: <input type="checkbox"/> d) Unsure whether there have been any recent developments OR unsure about the effects of the legal, policy or programmatic developments on the number of IST patients being admitted for inpatient competency restoration services <input type="checkbox"/> e) Not Applicable- The State Psychiatric Hospital(s) does not admit forensic patients for inpatient competency restoration services
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<p>12.) In your state, has the provision of competency restoration services shifted from being conducted primarily on an outpatient basis to an <u>increasing</u> percentage being conducted on an <u>inpatient</u> basis?</p>	<p>Q12 Options</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not Applicable- In this state, competency restoration services have been primarily conducted on an inpatient basis
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<p>a.) In your opinion, what pressures or new legal/policy/programmatic developments are causing this shift?</p>	
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<p>13.) Use this space for clarification on responses to questions OR to provide information about policies/techniques that are unique to your state for handling forensic patients admitted to your state hospital(s) for inpatient competency restoration services.</p>	
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Not Guilty by Reason of Insanity (NGRI)/ Not Criminally Responsible

<p>14.) Does your state's NGRI commitment/disposition procedure include provisions for conditional release (supervised release with conditions imposed by the court or other authority) of persons found NGRI?</p>	<p>Q14 Options</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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<p>15.) Have there been any recent legal, policy, or programmatic developments within your state that you believe have led to a decrease or increase in the number of NGRI/Not Criminally Responsible patients being admitted on an inpatient basis into your state hospital(s)? (Check all that apply)</p>	<input type="checkbox"/> a) There have not been any changes resulting from recent legal, policy, or programmatic developments <input type="checkbox"/> b) I believe that there has been an increase in the number of NGRI/Not Criminally Responsible patients being admitted on an inpatient basis as a result of recent legal, policy, or programmatic developments <input type="checkbox"/> c) I believe that there has been a decrease in the number of NGRI/Not Criminally Responsible patients being admitted on an inpatient basis as a result of recent legal, policy, or programmatic developments Please describe the recent legal, policy, or programmatic developments that have impacted these trends: <input type="checkbox"/> d) Unsure whether there have been any recent developments OR unsure about the effects of the legal, policy or programmatic developments on the number of NGRI/Not Criminally Responsible being admitted on an inpatient basis <input type="checkbox"/> e) Not Applicable- The State Psychiatric Hospital(s) does not admit NGRI/Not Criminally Responsible patients
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<p>16.) Use this space for clarification on responses to questions OR to provide information about policies/techniques that are unique to your state for handling NGRI/Not Criminally Responsible forensic patients admitted on an inpatient basis to your state hospital(s).</p>	
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Guilty But Mentally Ill (GBMI)/ Guilty But Insane

<p>17.) If your state provides for the special verdict of "guilty but mentally ill" (GBMI), have there been any legal, policy, or programmatic developments that you believe have led to an increase or a decrease in the number of people court-committed to a state hospital after such a verdict? (Check all that apply)</p>	<input type="checkbox"/> a) There have not been any changes resulting from legal, policy, or programmatic developments <input type="checkbox"/> b) I believe that there has been an increase in the number of people court-committed to a state hospital under the GBMI/Guilty But Insane verdict as a result of recent legal, policy, or programmatic developments <input type="checkbox"/> c) I believe that there has been a decrease in the number of people court-committed to a state hospital under the GBMI/Guilty But Insane verdict as a result of recent legal, policy, or programmatic developments Please describe the recent legal, policy, or programmatic developments that have impacted these trends: <input type="checkbox"/> d) Unsure whether there have been any recent developments OR unsure about the effects of the legal, policy or programmatic developments on the number of people court-committed to the state hospital(s) under the GBMI/Guilty But Insane verdict <input type="checkbox"/> e) Not Applicable- State does not have the GBMI/Guilty But Insane verdict OR the State Psychiatric Hospital(s) does not allow people to be court-committed under the GBMI/Guilty But Insane verdict
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<p>18.) If your state does not have the insanity defense, have there been any legal, policy, or programmatic developments that you believe have led to an increase or a decrease in the number of people court-committed to a state hospital after being found not guilty based on another mental disorder-based defense (e.g., "diminished capacity" or lack of mens rea)?</p>	<input type="checkbox"/> a) There have not been any changes resulting from legal, policy, or programmatic developments <input type="checkbox"/> b) I believe that there has been an increase in the number of people court-committed to a state hospital after being found not guilty based on another mental disorder-based defense as a result of recent legal, policy, or programmatic developments <input type="checkbox"/> c) I believe that there has been a decrease in the number of people court-committed to a state hospital after being found not guilty based on another mental disorder-based defense as a result of recent legal, policy, or programmatic developments Please describe the recent legal, policy, or programmatic developments that have impacted these trends: <input type="checkbox"/> d) Unsure whether there have been any recent developments OR unsure about the effects of the legal, policy or programmatic developments on the number of people court-committed to a state hospital after being found not guilty based on another mental disorder-based defense <input type="checkbox"/> e) Not Applicable- State has the insanity defense OR the State Psychiatric Hospital(s) does not allow people to be court-committed after being found not guilty based on another mental disorder-based defense
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19.) Use this space for clarification on responses to questions OR to provide information about policies/techniques that are unique to your state for people court-committed to a state hospital after being found not guilty but mentally ill (state has GBMI verdict) OR not guilty based on another mental disorder-based defense (state does not have insanity defense).

Civily Committed Sex Offenders

20.) Does your state have a Sexually Violent Predator (SVP) commitment law?

Q20 Options

- Yes
 No

20a.) If your state has a SVP commitment law, have there been any recent legal, policy, or programmatic developments within your state that you believe have led to a decrease or increase in the number of sex offenders being admitted under the SVP law on an inpatient basis into your state hospital(s)? (Check all that apply)

- a) There have not been any changes in the number of sex offenders being admitted on an inpatient basis under the SVP commitment law as a result of recent legal, policy, or programmatic developments
- b) I believe that there has been an increase in the number of sex offenders being admitted on an inpatient basis under the SVP commitment law as a result of recent legal, policy, or programmatic developments
- c) I believe that there has been a decrease in the number of sex offenders being admitted on an inpatient basis under the SVP commitment law as a result of recent legal, policy, or programmatic developments
- Please describe the recent legal, policy, or programmatic developments that have impacted these trends:**
- d) Unsure whether there have been any recent developments OR unsure about the effects of the legal, policy or programmatic developments on the number of sex offenders being admitted on an inpatient basis under the SVP commitment law
- e) Not Applicable- The State Psychiatric Hospital(s) does not admit sex offenders on an inpatient basis under a SVP commitment law

21.) At your state hospital(s), how often are sex offenders transferred and civily committed (voluntary or involuntary) to the state hospital(s) after they have completed serving time for a sexual offense?

Q21 Options

- Frequently
 Sometimes
 Rarely
 Never
 Unknown

22.) Use this space for clarification on responses to questions OR to provide information about policies/techniques that are unique to your state for handling sex offenders that are civily committed on an inpatient basis to your state hospital(s).

State Prisoners Transfers

23.) Have there been any recent legal, policy, or programmatic developments within your state that you believe have led to a decrease or increase in the number of state prisoners that have been transferred to your state hospital(s) for admission on an inpatient basis? (Check all that apply)

- a) There have not been any changes resulting from legal, policy, or programmatic developments
- b) I believe that there has been an increase in the number state prisoners that have been transferred to the state hospital(s) for admission on an inpatient basis as a result of recent legal, policy, or programmatic developments
- c) I believe that there has been a decrease in the number state prisoners that have been transferred to the state hospital(s) for admission on an inpatient basis as a result of recent legal, policy, or programmatic developments
- Please describe the recent legal, policy, or programmatic developments that have impacted these trends:**
- d) Unsure whether there have been any recent developments OR unsure about the effects of the legal, policy or programmatic developments on the number of state prisoners that have been transferred to the state hospital(s) for admission on an inpatient basis
- e) Not Applicable- The State Psychiatric Hospital(s) does not admit state prison transfers

24.) Use this space for clarification on responses to questions OR to provide information about policies/techniques that are unique to your state for handling state prisoners that are transferred to your state hospital(s).

Jail Detainee Transfers

25.) Have there been any recent legal, policy, or programmatic developments within your state that you believe have led to a decrease or increase in the number of jail detainees that have been transferred to your state hospital(s) for admission on an inpatient basis? (Check all that apply)

- a) There have not been any changes resulting from legal, policy, or programmatic developments
 - b) I believe that there has been an increase in the number of jail detainees that have been transferred to the state hospital(s) for admission on an inpatient basis as a result of recent legal, policy, or programmatic developments
 - c) I believe that there has been a decrease in the number of jail detainees that have been transferred to the state hospital(s) for admission on an inpatient basis as a result of recent legal, policy, or programmatic developments
- Please describe the recent legal, policy, or programmatic developments that have impacted these trends:**
- _____
- _____
- d) Unsure whether there have been any recent developments OR unsure about the effects of the legal, policy or programmatic developments on the number of jail detainees that have been transferred to the state hospital(s) for admission on an inpatient basis
 - e) Not Applicable- The State Psychiatric Hospital(s) does not admit jail detainee transfers

26.) Use this space for clarification on responses to questions OR to provide information about policies/techniques that are unique to your state for handling jail detainees that are transferred to your state hospital(s).

Other Forensic

27.) Please describe any other groups of adult forensic clients who are served in your state psychiatric hospital(s)

28.) Have there been any recent legal, policy, or programmatic developments within your state that you believe have led to a decrease or increase in the number of other forensic patients being admitted on an inpatient basis into your state hospital(s)? (Check all that apply)

- a) There have not been any changes resulting from legal, policy, or programmatic developments
 - b) I believe that there has been an increase in the number of other forensic patients being admitted on an inpatient basis as a result of recent legal, policy, or programmatic developments
 - c) I believe that there has been a decrease in the number of other forensic patients being admitted on an inpatient basis as a result of recent legal, policy, or programmatic developments
- Please describe the recent legal, policy, or programmatic developments that have impacted these trends:**
- _____
- _____
- d) Unsure whether there have been any recent developments OR unsure about the effects of the legal, policy or programmatic developments on the number of other forensic patients being admitted on an inpatient basis
 - e) Not Applicable- The State Psychiatric Hospital(s) does not admit other types of forensic patients

29.) Use this space for clarification on responses to questions OR to provide information about policies/techniques that are unique to your state for handling forensic patients admitted on an inpatient basis to your state hospital(s) as an "other" forensic status.

SMHA Questions

30.) Has your State Mental Health Agency ever been found in (or threatened with) contempt of court for failing to admit inpatient forensic referrals in a timely manner?

- Q30 Options
- Yes
- If yes, what steps has your State Mental Health Agency undertaken to decrease the time that it takes to admit inpatient forensic referrals (Specify whether you are referring to Competency evaluations AND/OR Competency restoration):**
- _____
- _____
- No
- Unknown

Alternatives To Inpatient Forensic Services

Outpatient Competency to Stand Trial (CST) Evaluations

31.) Estimate the number of competency to stand trial (CST) evaluations conducted on an <i>outpatient</i> basis for 2016. <i>Note: If unsure of exact number, please provide a best guess estimate.</i>	
32.) What types of defendants are typically referred for <i>outpatient</i> CST evaluations (e.g. Misdemeanants- Non dangerous, misdemeanants only, felons-non dangerous,	
33.) In your state, has the provision of CST evaluations shifted from primarily being conducted on an inpatient basis to an <i>increasing</i> percentage being provided on an <i>outpatient</i> basis?	- Q33 Options <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not Applicable- In this state, CST evaluations are conducted primarily on an inpatient basis
a.) In your opinion, what pressures or new legal/policy/programmatic developments are causing this shift?	

Outpatient Competency Restoration

34) Estimate the number of competency restoration services provided to forensic clients on an <i>outpatient</i> basis for 2016. <i>Note: If unsure of exact number, please provide a best guess</i>	
35.) What types of defendants are typically referred for <i>outpatient</i> competency restoration services (e.g. Misdemeanants- Non dangerous, misdemeanants only, felons-non dangerous, etc.)?	
36.) In your state, has the provision of competency restoration services shifted from being conducted primarily on an inpatient basis to an <i>increasing</i> percentage being conducted on an <i>outpatient</i> basis?	- Q36 Options <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not Applicable- In this state, competency restoration services have been primarily conducted on an inpatient basis
a.) In your opinion, what pressures or new legal/policy/programmatic developments are causing this shift?	

Notes

Please provide any extra information, or response clarification (if applicable), in the space provided:	
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Please Click on the "Table" tab to review the 3 Data Tables for your state